

Recovery Planner – Planning Worksheet

Recovery Areas

Now let's think about different parts of your life, see how you feel, and decide what you would like to work on.

1. Where you Live (Housing/Neighborhood)

Where do you live now (house, apartment)? Who do you live with (family, alone, roommates)? How do you feel about your house/apartment, neighborhood?

What kind of living situation would you like to be in (if different from where you are now)?

What are the barriers keeping you from being in the living situation you want to be in?

Staff comments:

| Consumer Preference | Staff Suggestion | Decision |
|---|---|---|
| 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now |
| 2. <input type="checkbox"/> Work on Later | 2. <input type="checkbox"/> Work on Later | 2. <input type="checkbox"/> Work on Later |
| 3. <input type="checkbox"/> Not a focus | 3. <input type="checkbox"/> Not a focus | 3. <input type="checkbox"/> Not a focus |

2. Money/Finances

What are your sources of income right now? What do you usually spend your money on? Do you have enough money to do the things you would like to do? Are you stressed about money? Do you have a budget?

In terms of money, what would your ideal situation be (if different from what it is now)?

What are the barriers keeping you from being in the financial situation you want to be in?

Staff comments:

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|---|---|---|
| 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now |
| 2. <input type="checkbox"/> Work on Later | 2. <input type="checkbox"/> Work on Later | 2. <input type="checkbox"/> Work on Later |
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4. Work

Are you working right now? If so, where? Are you happy with this job? What kind of work have you done in the past? Are you interested in getting a new or different job now?

What kind of work situation would you like to be in (if different from where you are now)? What would your ideal job be? What was the best job you ever had?

What are the barriers keeping you from being in the work situation you want to be in (e.g. transportation, skills training, job availability)?

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|---|---|---|
| 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now | 1. <input type="checkbox"/> Work on Now |
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5. Education/Training

Are you satisfied with your education? Do you feel you have the training you need to do the kind of work you want to do? Are there things you would just like to learn more about?

What are your goals for education/learning?

What are the barriers keeping you from getting the education/training you want (e.g. transportation, money for courses)?

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6. Health

Are you getting enough rest and exercise? Are you getting enough healthy food to eat? If you smoke are you interested in trying to quit? Do you have any specific medical problems or concerns about your health?

What are your goals for staying healthy?

What are the barriers keeping you from being as healthy as possible (e.g. can't get to doctor, difficulty quitting smoking)?

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7. Daily Living

How do you spend your time now? What does a “typical” day look like? Is this satisfying/enjoyable for you? Are there places in the community where you feel comfortable and safe? Do you have any daily routines that you find helpful or enjoyable? Who do you generally see during the day? How do you get to activities/appointments? What do you do to relax?

What would your ideal day look like? How/where, with who would you like to be spending your time? What kind of things do you like to do that you aren't doing now?

What are the barriers keeping you from spending your time the way you would want (e.g. get nervous around people, don't know where to go or find resources, transportation)?

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8. Spirituality

How important is faith/spirituality in your life? What are some of your spiritual practices? Are you looking for spiritual guidance? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now? Do you belong to a spiritual community, would you like to?

What are your spiritual goals?

What are the barriers keeping you from meeting your spiritual goals (e.g. transportation to services, barriers to practicing my spiritual practices)?

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9. Mental Health/Symptoms

How much are your psychiatric symptoms interfering with your life? How much are your medications helping you? Are you being bothered by medication difficulties or side effects? How do you cope with your symptoms?

What are your goals for maintaining your mental health?

What are the barriers keeping you from being as psychiatrically healthy as possible (e.g. don't like the side effects of the medications)?

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10. Drugs and Alcohol

How do drugs and/or alcohol influence your life right now? If you are using now, what are you using? What is the most success you have had reducing or stopping your use of drugs and alcohol?

What are your goals for reducing or eliminating your use of drugs and alcohol and for decreasing the harmful effect they have on your life?

What are the barriers to staying clean and sober (e.g. all my friends use, there a lot of drugs in my building)?

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11. Safety

Do you ever feel that you are at risk to harm yourself or someone else? What do you do to control that risk? What makes you feel less in danger? What is the most important safety concern in your life? Do you feel personally safe in your neighborhood?

What are your goals for staying safe?

What are the barriers to staying safe (e.g. there is a lot of crime in my neighborhood, when I drink I tend to lose my temper)?

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12. Legal issues

What legal issues (e.g. court appearance, probation, etc.) are you dealing with right now?

What are your goals for reducing or eliminating legal problems?

What are the barriers to reducing or eliminating your legal problems?

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13. Other

Are there other areas that you would like to focus on? What are they?

What are your goals for improving your life in these other areas?

What are the barriers to improving your life in these other areas?

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| 4. <input type="checkbox"/> Work on Now | 4. <input type="checkbox"/> Work on Now | 4. <input type="checkbox"/> Work on Now |
| 5. <input type="checkbox"/> Work on Later | 5. <input type="checkbox"/> Work on Later | 5. <input type="checkbox"/> Work on Later |
| 6. <input type="checkbox"/> Not a focus | 6. <input type="checkbox"/> Not a focus | 6. <input type="checkbox"/> Not a focus |