30-Day Recovery Tracker

Days 1-15

Tick what supported you. Blank boxes are information, not failure.

Name / initials (optional): _____ Date: _____

Month / start date: _____ My focus: _____

Day	Check-in	Routine	Support	Move	Rest	One win / helpful choice
1	[ ]	[ ]	[ ]	[ ]	[ ]	
2	[ ]	[ ]	[ ]	[ ]	[ ]	
3	[ ]	[ ]	[ ]	[ ]	[ ]	
4	[ ]	[ ]	[ ]	[ ]	[ ]	
5	[ ]	[ ]	[ ]	[ ]	[ ]	
6	[ ]	[ ]	[ ]	[ ]	[ ]	
7	[ ]	[ ]	[ ]	[ ]	[ ]	
8	[ ]	[ ]	[ ]	[ ]	[ ]	
9	[ ]	[ ]	[ ]	[ ]	[ ]	
10	[ ]	[ ]	[ ]	[ ]	[ ]	
11	[ ]	[ ]	[ ]	[ ]	[ ]	
12	[ ]	[ ]	[ ]	[ ]	[ ]	
13	[ ]	[ ]	[ ]	[ ]	[ ]	
14	[ ]	[ ]	[ ]	[ ]	[ ]	
15	[ ]	[ ]	[ ]	[ ]	[ ]	

What I am noticing / one thing I want to carry forward

Alcohol and other drug support: ADIS 1800 177 833 (24/7)

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Not medical, psychological, legal or financial advice, treatment or emergency care.

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Days 16-30

Keep noticing the choices that help. You can restart at any time.

Name / initials (optional): _____ Date: _____

Month / start date: _____ My focus: _____

Day	Check-in	Routine	Support	Move	Rest	One win / helpful choice
16	[ ]	[ ]	[ ]	[ ]	[ ]	
17	[ ]	[ ]	[ ]	[ ]	[ ]	
18	[ ]	[ ]	[ ]	[ ]	[ ]	
19	[ ]	[ ]	[ ]	[ ]	[ ]	
20	[ ]	[ ]	[ ]	[ ]	[ ]	
21	[ ]	[ ]	[ ]	[ ]	[ ]	
22	[ ]	[ ]	[ ]	[ ]	[ ]	
23	[ ]	[ ]	[ ]	[ ]	[ ]	
24	[ ]	[ ]	[ ]	[ ]	[ ]	
25	[ ]	[ ]	[ ]	[ ]	[ ]	
26	[ ]	[ ]	[ ]	[ ]	[ ]	
27	[ ]	[ ]	[ ]	[ ]	[ ]	
28	[ ]	[ ]	[ ]	[ ]	[ ]	
29	[ ]	[ ]	[ ]	[ ]	[ ]	
30	[ ]	[ ]	[ ]	[ ]	[ ]	

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