

Morning Check-In

a gentle start for recovery, mood, and daily support

Name _____
Date _____
Day (M) (T) (W) (T) (F) (S) (S)

1 Sleep & Body

Bedtime _____ Wake time _____ Approx. hours _____
Troubling dreams or sleep disturbance? ☐ Yes ☐ No If yes: _____
Any physical discomfort today? ☐ Yes ☐ No If yes: _____

2 Mood & Medication

How am I feeling this morning? ☐ Great ☐ Positive ☐ Neutral ☐ Low ☐ Very low
Medication taken as prescribed? ☐ Yes ☐ No ☐ Not applicable

3 Recovery Plan for Today

Recovery / support meeting I plan to attend
In-person _____ Online _____
Sponsor / support person _____ Time _____ Method _____
Triggers I'm worried about today? ☐ Yes ☐ No If yes: _____
Challenges I need support with? ☐ Yes ☐ No If yes: _____

4 Gratitude

5 Today's Goals

Goal 1 _____
Goal 2 _____
Smallest step _____

6 Appointment & Encouragement

Purpose _____ Time _____ Location _____
Affirmation or quote for today _____
Positive emotions I notice today
joy hope calm focused curious proud strong grateful confident inspired relaxed
kind safe loved worthy other _____

Evening Check-In

a calm close for reflection, accountability, and rest

Name _____

Date _____

Day M T W T F S S

1 Meeting & Support

Did I attend the meeting I planned? ☐ Yes ☐ No If no, what got in the way? _____

Did I contact my sponsor / support person? ☐ Yes ☐ No If no: _____

2 Emotions & Triggers

Strong emotions I felt today

Joy Anger Sad Anxious Excited Tired Stressed Confident Hopeful

Did I feel triggered at any point? ☐ Yes ☐ No What happened? _____

What helped me stay grounded? _____

3 Reflection

What am I most proud of from today? _____

What challenges did I face today? _____

One thing I can do differently tomorrow _____

4 Body Care

Water ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Movement _____

Meals _____

Medication _____

Sleep plan _____

5 Thoughts & Reflection

6 Closing Affirmation

For personal reflection and wellness support only — not a substitute for medical, mental health, or emergency care.