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**Recovery Diary**

Starting Monday, \_\_\_\_\_, \_\_\_\_\_

**Monday**

**Journal Entry**

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<b>Today's Recovery in Action</b>	<b>Yes</b>	<b>No</b>
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Tuesday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Wednesday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Thursday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Friday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Saturday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>

## Sunday

### Journal Entry

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Today's Recovery in Action	Yes	No
Abstained from my addiction(s)	<input type="checkbox"/>	<input type="checkbox"/>
Attended a meeting/ counseling / Dr. appointment	<input type="checkbox"/>	<input type="checkbox"/>
Step work/recovery assignments	<input type="checkbox"/>	<input type="checkbox"/>
Talked to my sponsor/recovery partner	<input type="checkbox"/>	<input type="checkbox"/>
Service work	<input type="checkbox"/>	<input type="checkbox"/>
Helped another person(s)	<input type="checkbox"/>	<input type="checkbox"/>
Took prescribed medication as prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Exercised or engaged in physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Prayer or meditation	<input type="checkbox"/>	<input type="checkbox"/>
Maintained integrity	<input type="checkbox"/>	<input type="checkbox"/>