



Wellness & Recovery Tracker: Journal

You can use this Wellness & Recovery Tracker: Journal to help you see if things are getting better, staying the same, or getting worse. You can make a journal page as often as you would like, for example, every day or once a week. Keep your pages in one place so you can review them on your own, or with others, to see how things are changing.

Journal for day/week: _____

Date

Check any words that describe your experiences during this time:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aches and pains | <input type="checkbox"/> Hopeless/Worthless/Guilty | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Active | <input type="checkbox"/> Happy/Content | <input type="checkbox"/> Proud |
| <input type="checkbox"/> Alcohol/Substance use | <input type="checkbox"/> Interested/Involved in life | <input type="checkbox"/> Sad/Crying a lot |
| <input type="checkbox"/> Anxious /Worried/
Not able to relax | <input type="checkbox"/> Irritable and upset a lot | <input type="checkbox"/> Sleeping too much or too little |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Jumping out of my skin
feeling | <input type="checkbox"/> Stress: home, job, friends, legal |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Joyful/Pleased | <input type="checkbox"/> Thinking clearly |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Lazy/No energy | <input type="checkbox"/> Thoughts of death or suicide |
| <input type="checkbox"/> Confused/Fuzzy headed | <input type="checkbox"/> Lonely | <input type="checkbox"/> Trouble concentrating |
| <input type="checkbox"/> Difficult to concentrate
or make decisions | <input type="checkbox"/> Negative/Don't care/
Pessimistic | <input type="checkbox"/> Troubling or disturbing thoughts |
| <input type="checkbox"/> Difficulties with sex | <input type="checkbox"/> On top of things | <input type="checkbox"/> Unsure what is real or unreal |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Wanted to be alone |
| <input type="checkbox"/> Frightened | <input type="checkbox"/> Overeating/Not eating | <input type="checkbox"/> Voices bothering me |
| | | <input type="checkbox"/> Zombie |

What was POSITIVE during this time? _____

What was DIFFICULT or CHALLENGING during this time? _____

Things I could do better: _____