Building My Recovery Routine Pack

Keep support contacts, care arrangements and everyday plans in one place. Start with the page you need now. The first-week, housing, travel, grief and return-to-care sections are options for particular situations, not steps everyone must pass through.

Choose a section

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Choose the section that fits your next step. You do not need to complete the whole pack.

Choose where to begin

What I need now	Start here
People and services to contact	My Recovery Support Map. Use it with any of the other sheets.
Practical arrangements after treatment	My First Week After Leaving Treatment. Use your care team's actual discharge instructions.
An everyday connection or goal	Finding a Peer Support Group That Fits or Recovery Goals Beyond Abstinence.
A specific situation	Choose the housing, boundaries, event/travel or grief guide.
A difficult moment or return to substance use	A Difficult Day: My Next-Step Plan or Returning to Care After Substance Use. Use their urgent-help distinctions when relevant.

Use one contact map

My Recovery Support Map is the first component. On later sheets, write the contact's role and "see My Recovery Support Map" if you prefer not to repeat the number. Keep both pages together. If you print one resource by itself, copy the essential contact onto it.

My Recovery Support Map

Keep the contacts you choose in one place, with what each person or service can help with. A short, usable list is enough; an empty space identifies a question to ask, not something you have failed to arrange.

SAMHSA suggests asking specifically for the support you want, such as a conversation, help finding a professional, appointment help or a ride. Ask each person what they can offer and how they prefer to be contacted. [1]

Original example: a contact needs a job

Need	Contact and arrangement	If unavailable
Treatment question	Clinic office; use its stated contact hours and message instructions.	Follow the clinic's instructions for another contact.
Company after a difficult day	Morgan agreed to a phone call after dinner.	Ask another chosen person; do not assume Morgan is always reachable.
Ride to a visit	Lee confirmed Thursday pickup at 2:30.	Call the transport service to check a backup; not yet booked.

Keep notes private. Write or type short notes. Use another copy if you need more room. Save and reopen the PDF to check your answers.

My contacts and what they can do

Professional care

Clinician/program; phone or other method; hours; what to ask; instructions when unavailable.

Medicines or other ongoing care

Pharmacy/prescriber or other care contact, if relevant; how to ask a question. Do not record passwords.

Someone who will listen

Name/contact; the support they agreed to; when/how to reach them.

Practical help

Transport, food, appointments or another task; contact; confirmed arrangement and backup.

Peer or community connection

Group/activity; official contact; meeting or access details still to confirm.

A gap I want to work on

What is missing; one person or service to ask about it.

Use this map across your other sheets

When another resource asks for a support contact, you can write “see My Recovery Support Map” and the contact’s role. Keep the two sheets together. Update a number or arrangement here when it changes.

Keep the scope clear

This is an original contact organizer, not a crisis plan or a promise that a contact can respond immediately. If your care team has given urgent-contact instructions, keep those accessible alongside it. Store completed copies privately.

Read more or take the next step

SAMHSA: How to Ask for Help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help
SAMHSA: Finding Quality Treatment
https://www.samhsa.gov/find-support/learn-about-treatment/finding-quality-treatment

My First Week After Leaving Treatment

Use this sheet to arrange the next few days around your care team’s instructions and your actual needs. It is a flexible planning window, not a required recovery stage or a test of success.

Build around essentials and chosen support

Recovery can involve treatment, medication, peer support and other personally chosen approaches. SAMHSA describes health, a stable home, meaningful activity and supportive relationships as important dimensions. A first-week plan can therefore include food, sleep arrangements, transport and company as well as appointments. [3]

Use the clinical discharge plan for treatment and medicine instructions. Confirm the next appointment and how you will reach it; if an arrangement falls through, contact the service rather than leaving a referral unaddressed. Continuing support should fit the needs identified in treatment. [4]

An opioid-specific safety step

After reduced or no opioid use, tolerance can fall; returning to a previous amount can lead to overdose. Include naloxone access and training in the handoff if opioids are relevant to you. Unresponsiveness or slow/difficult breathing calls for 911 and naloxone if available, not waiting for the next visit. [5] [6]

An example of a small, workable plan

Hypothetical first-day plan — adapt, do not copy

Need	Arrangement	If it falls through
Follow-up visit	Confirmed Thursday at 10; clinic number saved.	Call the clinic about the next available option.
Medicine access	Check the written list with the pharmacy today.	Call the prescribing service if the medicine or coverage is unavailable.
Food and contact	Ask a friend to bring groceries and call this evening.	Use the backup contact already chosen.

Choose a few actions you can use. An unanswered item belongs on the follow-up list; it is not evidence that you have failed. These are original planning prompts, not a clinical program.

My week

Care and medicine arrangements

Appointments, pharmacy/clinic details, dates and whether each item is confirmed.

Where I will stay and daily essentials

Housing, food, phone, transport, caregiving or accessibility arrangements that need attention.

People and support I want

Who, the specific help I want, contact details and when we plan to connect.

A manageable routine

One or two activities that give the day structure; include rest and room for appointments.

The first unresolved item

What needs confirming, who can help, when I will ask and my backup if there is no answer.

What I want to tell my care team

New concerns, difficult situations, side effects or a plan that is not working.

Keep completed notes private. Share only what you choose with the people helping you. These are original educational and planning prompts, not a validated assessment.

Useful next steps

Explore recovery support principles
https://www.samhsa.gov/substance-use/recovery/about

Find treatment options
https://findtreatment.gov/

Housing and Recovery Support Questions

A place to live and a treatment program are different decisions. Ask what a recovery residence actually provides, which care you would receive elsewhere, and what the written agreement requires before moving in.

Recovery residences combine housing with a recovery-focused community. NARR describes four broad support types: peer-run, monitored, supervised and clinical. They differ in governance, staffing and services. Only the clinical type includes clinical addiction treatment as part of that designation. These housing support types do not, by themselves, decide what medical care you need. [7]

Compare the Support, Not Just the Name [7]

NARR support type	Main distinction
Peer-run	Residents govern the home and use shared rules and peer accountability.
Monitored	House rules and peer accountability, often with a house manager.
Supervised	Structured recovery and life-skills support with supervised, trained or credentialed staff.
Clinical	Recovery housing that also incorporates clinical addiction treatment.

Before You Agree to Move In

Area	What to ask for
Identity and oversight	Legal operator, exact address, written rules and any claimed certification. Verify with the named body.
Fees	Rent, deposit, extra charges, refund terms and notice requirements in writing.
Daily life	Room arrangements, visitors, curfew, work expectations, transportation and accessibility.
Medication and appointments	How prescribed medicines are stored and accessed; how you can attend treatment and pharmacy visits.
Problems or emergencies	Who is available, how to raise a concern, what happens after a return to use, and how a departure is handled.

Worked Example: Housing Is Only Part of the Plan

Fictional example: a house offers peer support but no medication appointments. Before moving, confirm where those appointments will happen and how you will get there. A room being available does not answer the treatment question.

Residence Comparison Notes

Home, contact and written agreement

Address, person contacted, date, fees and documents received.

Support and outside care

What is provided; appointments, medication access and transport to arrange elsewhere.

Unanswered questions before moving

House rules, certification claim, privacy, complaints or departure arrangements.

Check Support Options

NARR: recovery-residence standards
https://narronline.org/standards/

Addiction recovery
https://www.addictionhelp.com/recovery/

Finding a Peer Support Group That Fits

Look for a meeting where the purpose, approach and practical arrangements fit the support you want. Use the organizer's current information, then decide what you want to try.

Mutual-support groups bring people together around recovery experiences. NIAAA describes several options and notes that these groups usually are not led by clinicians. They can sit alongside professional care; they are not a substitute for individual medical advice. The examples below come from NIAAA's alcohol-treatment guidance. [8]

Some starting points, not a ranking [8]

Option listed by NIAAA	What to explore
Alcoholics Anonymous (AA)	Alcohol recovery and a 12-step approach with a spiritual component.
LifeRing	A secular peer-support approach to abstinence from alcohol and other drugs.
SMART Recovery	A program emphasizing motivation, coping, problem solving and life balance.
Women for Sobriety	A self-help program designed by and for women.

Find current meeting information

Alcoholics Anonymous
https://www.aa.org/
LifeRing
https://lifering.org/
SMART Recovery
https://www.smartrecovery.org/
Women for Sobriety
https://womenforsobriety.org/

These are examples, not every option or a recommendation that you join one. The organization names and links are listed by NIAAA; local availability and each meeting's arrangements still need checking. [8]

Questions before a first meeting

- Who is this meeting for, and what does a newcomer do? Is speaking optional?
- Is it online or in person, at what time and time zone, and is access or booking required?
- What beliefs, recovery goals or expectations shape the group?
- How does the group approach prescribed addiction medicines and other professional care?
- What are the privacy expectations, costs and accessibility arrangements?
- Is there an organizer I can contact before attending?

Original example: useful fit questions

"Tuesday online" may fit your schedule but still leave questions. Ask whether that session is for newcomers, whether you may listen without speaking, and how to get the current joining details. An unanswered question can go to the organizer before you attend.

Choose a first option

Meeting and confirmed arrangements

Name; organizer/official contact; time/location; access needs; what is still unconfirmed.

After trying it, if I choose to

What felt useful or uncomfortable? What question do I want to ask? Return, try a different meeting, or choose another kind of support?

Protect your care and privacy

Ask your own clinician about treatment or medicine decisions. Decide what personal details you want to share; a group's stated privacy expectations are not a guarantee that every participant will keep information private.

Read more or take the next step

NIAAA: Long-term Recovery Support
https://alcoholtreatment.niaaa.nih.gov/support-through-the-process/long-term-recovery-support

Recovery Goals Beyond Abstinence

Choose an everyday change that would make life better for you. This sheet adds a practical goal to discuss alongside your substance-use and treatment goals; it does not replace or redefine those goals.

Care can address more than a single symptom. SAMHSA's quality-treatment guidance includes support for other medical and practical life needs. The goal examples here are original planning ideas, not a validated measure of recovery. [2]

Make a broad hope small enough to act on

Hope	A possible next action	What I could notice
Feel more connected	Ask one person whether they would like to meet or talk.	I made the invitation; their answer is not under my control.
Keep up with care	Ask the office to clarify my next appointment and transport needs.	The date and travel arrangement are confirmed.
Feel less overwhelmed by paperwork	Choose one letter and ask someone to help me understand it.	I know what the letter asks and the next contact.
Make room for something enjoyable	Choose an activity and a realistic time to try it.	I tried it and can decide whether to do it again.

Original worked example

"Repair every relationship" is too broad for one plan. "Ask my brother whether he would be open to a short call" names an action you can take while leaving him a choice. You can decide what to do next after his answer.

My goal

What matters to me

Describe the part of life you would like to improve and why.

My next action and support

What I can do or ask for; who could help; one obstacle to discuss.

When I will look again

A date or occasion; what I will notice; how I could make the step easier or change it.

Use the review to learn

A missed step can show that the plan needs time, help or a different approach. This sheet does not award recovery points or decide whether care is working. Bring treatment-related concerns to your care team.

Read more or take the next step

SAMHSA: Finding Quality Treatment
https://www.samhsa.gov/find-support/learn-about-treatment/finding-quality-treatment
SAMHSA: How to Ask for Help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

My Boundaries at Work and Social Events

Prepare a few words for an invitation or personal question before you are put on the spot. You decide what you want to share; this guide does not determine workplace rights or disclosure requirements.

Original response cards: choose your level of detail

Situation	Brief response	If the question continues
Someone offers a drink	No thanks. I would like sparkling water.	That is what I am having tonight.
A colleague asks about an appointment	I have an appointment at that time.	I would rather keep the details private. Can we talk about scheduling?
An invitation does not fit	I cannot make that event. Would you like to meet for lunch another day?	Thanks for inviting me; I am going to pass this time.
Someone asks for your recovery story	I am not ready to talk about that here.	I appreciate your concern. Let's change the subject.

These are optional scripts, not a test of assertiveness. Change the wording to sound like you. A different setting, activity or conversation may fit you better.

Separate an everyday answer from an official process

A short response to a coworker is different from a request for leave or an accommodation. If you need a formal change, ask the relevant office or adviser what process and information are required; this sheet does not supply employment-law advice.

Prepare for one situation

The situation and what I want

Event, question or request; my preferred outcome.

My first response and a repeat

Two short lines I can actually say.

A practical arrangement

Transport, a different activity, a chosen companion or a scheduling request; what needs confirmation.

SAMHSA suggests telling a trusted person what kind of help you need. You could ask someone to change the subject, join an alternative activity, or be available for a conversation afterward. [1]

Original example: specific support

"Could you walk outside with me if I ask for a break?" is more actionable than "Make sure the evening goes well." Ask first; a helper does not have to take responsibility for everyone's behavior.

A way to leave or take a break

Decide what you will do if you want to stop the conversation or leave the event. Keep your own travel/contact arrangements available; My Recovery Support Map can hold the relevant number.

Read more or take the next step

SAMHSA: How to Ask for Help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

Planning for Holidays, Travel and Celebrations

Plan for one event or trip. Choose what matters about attending, confirm the arrangements you need, and give yourself an alternative if those arrangements change.

Original worked example: a family celebration

Decision	Fictional plan
Why I want to go	Spend time with my cousins at the meal.
What I will say	No thanks, I am having something else.
Support I have asked for	Alex agreed to meet me outside if I want a break.
Travel	I have my own return ride arranged.
If plans change	Leave earlier or meet a cousin another day.

Before an event or journey

- Confirm the date, place, travel and accommodation you need.
- If travel affects appointments or medicines, ask your own provider or pharmacist about arrangements before you go. This sheet supplies no medication or travel-law instructions.
- Ask your chosen support person for a specific task or check-in; confirm they can do it.
- Keep joining details for any planned remote appointment or meeting accessible.
- Decide how you will take a break, leave, or choose another activity if that is what you want.

A specific request helps a trusted person understand what support you want. SAMHSA describes asking for practical help, company or listening rather than assuming someone knows what is needed. [1]

My event or trip

What I am choosing and why

Where/when; the part I want to participate in; what I may decline.

Arrangements to confirm

Care/medicine questions, travel, accommodation, costs or access; who can confirm each.

Support and words I want ready

A confirmed contact/check-in; one response to an invitation or question. Use AH-R150 for contact details.

If the plan changes

An alternative activity, route home, or person/service to contact.

Afterward, if useful

Keep one thing that helped and one arrangement you would change next time. The purpose is preparation, not grading how you handled the occasion.

Read more or take the next step

SAMHSA: How to Ask for Help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

Grief and Loss in Recovery

Use this guide to choose support and prepare a next step after a loss. You do not have to tell the whole story to ask for help.

Grief can affect feelings and daily life [13] [14]

Grief can follow a death, a relationship ending, losing a job or another significant loss. It may bring sadness, anger, numbness or confusion, and changes in sleep, appetite or energy. Grief has no fixed sequence of stages or timetable everyone must meet. These descriptions can help you name what has changed. They are not a diagnosis or a checklist you need to match. [13] [14]

Original words you can borrow

What I need	A possible opening
Company without advice	I do not need you to fix this. Could you sit with me or call this evening?
Help with one responsibility	I am struggling to handle the errands this week. Could you help with groceries on Wednesday?
Room to remember someone	Would you be willing to listen to a memory? It is okay to tell me if this is not a good time.
A conversation with my clinician	Since this loss, these parts of my days have changed. I would like to discuss what support I need.

Choose the kind of support you need [1] [13] [14] [15]

- For company or practical help, ask someone you trust for something specific. If they cannot help, try another chosen person or a professional. SAMHSA recommends this approach to asking for support.
- For grief support, consider a grief counselor, grief-support group, or community or faith connection that fits you. Ask who it serves, whether support is online or in person, the cost, availability and how to join.
- Not everyone needs counseling for grief. If everyday life is becoming difficult, talk with your doctor or a licensed counselor with grief experience. Describe changes in sleep, meals, concentration or responsibilities without needing to diagnose yourself.
- In the U.S., call or text 988 or chat at 988lifeline.org for support if you are struggling or in crisis. Call 911 for immediate physical danger or a medical emergency.

A small support plan

What I want someone to understand

Write only what feels useful. You can describe the effect on your days without details of the loss.

One request and who I will ask

Request, person, when/how to ask, and a backup contact.

What I want to discuss with a professional, if relevant

Changes in sleep, daily functioning, substance-use concerns or ongoing care; questions, not a self-diagnosis.

Keep grief support and recovery care connected

Original opening for your care team: “Since this loss, I have noticed ____. Can we discuss my substance use, cravings, attendance or care?” Keep their contact on My Recovery Support Map. These educational prompts are not treatment or a grief assessment.

Read more or take the next step

SAMHSA: How to Ask for Help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

988: What to expect when you reach out
https://988lifeline.org/get-help/what-to-expect/

A Difficult Day: My Next-Step Plan

Prepare this short plan when you have time, then keep it somewhere easy to find. It is a personal support aid, not a risk score or a substitute for a clinician-developed crisis plan.

Decide what kind of help is needed

Choose the appropriate next contact [9] [10] [6] [1]

Situation	Action
Immediate physical danger, suspected overdose, inability to awaken or serious breathing difficulty	Call 911. For possible opioid overdose, give naloxone if available and stay with the person. Do not finish the worksheet first.
Emotional distress or a mental-health, suicide or substance-use crisis	In the U.S., call or text 988, or chat at 988lifeline.org. You can also contact 988 because you are worried about someone else.
A difficult moment without immediate danger	Use your chosen support contact and care-team instructions. Say what help you need now.

Make the first action easy to begin

Asking clearly for the help you want can make a conversation more useful. You might want someone to listen, help call your clinician, or stay with you while you reach support. Choose a person or service you can actually contact and include a backup. [1]

A message you can send or say

Original example: “Today is difficult and I need some support. Can you talk with me now or help me contact my care team? If you cannot, please tell me so I can try my next contact.”

Pick one non-medical action that has helped you before, such as moving to a familiar calmer place, pausing a stressful task, or calling a supportive person. Treat it as a bridge to support, not a requirement to manage distress alone. If you already have a clinical safety plan, keep it with this card and use its instructions. [1]

My quick-use card

I notice I need support when...

A few words in your own language; this is not a symptom score.

My first manageable action

An action that fits your situation and any care-team guidance.

My first contact and what I will ask

Name/service, number, likely availability and one specific request.

My backup contact

Who or which service I will try if the first person cannot help.

Professional advice I already have

Where I keep it and the clinician/service number for questions.

After the moment has passed

What helped or needs changing

Something to bring to the next appointment or use to revise this plan.

Keep completed notes private. Share only what you choose with the people helping you. These are original educational and planning prompts, not a validated assessment.

Useful next steps

988 online chat and support
https://988lifeline.org/

SAMHSA tips for asking for help
https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

Returning to Care After Substance Use

Use this guide to ask for help after using again. Begin with safety and a direct account of what happened; you do not need to turn the conversation into an apology or wait until you can describe it perfectly.

First, check for urgent danger

Act now for a possible overdose

If someone cannot be awakened or has slow or difficult breathing, give naloxone if opioids may be involved and it is available, call 911 and stay with the person. Follow dispatcher instructions. Do not leave an unresponsive person alone to sleep it off. [6]

After time without opioids, reduced tolerance can make a previously used amount dangerous. Also tell the team about alcohol, sedatives and other medicines; combinations can add serious breathing risks. Do not assume old dosing or treatment instructions are right for the present situation. [5] [11]

Stopping again may need medical help

If alcohol or benzodiazepines have been used regularly, ask a clinician how to make a safe change. Abrupt withdrawal can be dangerous, including seizures. This guide does not provide a home-detox or medicine-restart schedule. [12] [11]

Use the information to adjust care

A return to use can signal that the treatment plan or support needs review. NIAAA's guidance on alcohol treatment describes responding with additional help or adjusted care rather than treating a return to drinking as a moral failure. The change needed depends on an assessment, not a worksheet score. [4]

Opening words

Original script: "I have used again and want help with what happens next. I used ____ at about ____. I also took ____. My symptoms or worries right now are ____. How can I be assessed, and what should I do while I arrange that?" If you do not know what was in a substance, say so.

Information to bring to the conversation [4] [2]

- What you took, approximate amount if known, timing, route and other medicines or substances. Say when details are uncertain.

- Current symptoms, interrupted medications, recent treatment and what helped before.
- Changes in stress, housing, pain, relationships or access to treatment that you want help addressing.
- What you need now: assessment, medication review, a safer setting, transport or a supportive person for the call.

My return-to-care notes

The service or clinician I will contact

Name, number, when I can reach them and a backup option.

What happened and current concerns

Keep sensitive details private and share with the clinical team; use another page if needed.

What was missing or not working

Treatment, practical barriers or support needs I want to discuss without blaming myself.

The agreed next step

Who, when, where, instructions before the visit, and what to do if it cannot happen.

If distress is making the call hard

In the U.S., call or text 988 or use 988lifeline.org for mental-health, suicide or substance-use crisis support. Use 911 for immediate physical danger or a medical emergency. [10] [9]

Keep completed notes private. Share only what you choose with the people helping you. These are original educational and planning prompts, not a validated assessment.

Useful next steps

Find treatment services
https://findtreatment.gov/

988 support and chat
https://988lifeline.org/

Sources

[1] SAMHSA: How to Ask for Help (samhsa.gov)
[2] SAMHSA: Finding Quality Treatment (samhsa.gov)
[3] SAMHSA: About Recovery (samhsa.gov)
[4] NIAAA: Questions for alcohol treatment programs (alcoholtreatment.niaaa.nih.gov)
[5] CDC: Clinical Practice Guideline for Prescribing Opioids for Pain, 2022 (cdc.gov)
[6] CDC: Preventing Opioid Overdose (cdc.gov)
[7] National Alliance for Recovery Residences: Standards (narronline.org)
[8] NIAAA: Long-term Recovery Support (alcoholtreatment.niaaa.nih.gov)
[9] SAMHSA: 988 versus 911 (samhsa.gov)
[10] SAMHSA: 988 Frequently Asked Questions (samhsa.gov)
[11] FDA: Benzodiazepine boxed-warning safety communication (fda.gov)
[12] NIAAA: Should You Cut Down or Quit? (rethinkingdrinking.niaaa.nih.gov)
[13] CDC: Grief (cdc.gov)
[14] NIH News in Health: Navigating Grief (July 2026) (newsinhealth.nih.gov)
[15] SAMHSA: Crisis Help (samhsa.gov)