

My Recovery Journal

A daily companion for your journey

www.susangregor.uk

Welcome to Your Recovery Journal

This journal belongs to you. There are no rules about how to use it — no right or wrong way to fill it in. Some days you might write pages; other days, a single word might be all you manage. Both are perfectly valid.

Recovery is not linear. There will be days that feel like giant leaps forward and days that feel like steps backward. This journal is a safe space to document all of it — the victories, the struggles, the ordinary moments, and the breakthroughs.

Each daily entry includes prompts to help you reflect on your emotional state, track your self-care, express gratitude, and set intentions. But feel free to ignore the prompts entirely and just write whatever comes to mind.

The only thing that matters is that you keep showing up — for yourself, on these pages, and in your recovery. You are worth the effort.

With warmth and solidarity,

Susan

On The Road to Recovery Journey

Tips for getting the most from this journal:

- Try to write at the same time each day — consistency builds the habit
- Be honest, even when it's uncomfortable — this is for your eyes only
- Don't judge what you write — there are no wrong answers
- On difficult days, even ticking the self-care checklist is enough
- Look back at earlier entries regularly to see how far you've come

Daily Check-In

Day: Monday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Tuesday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Wednesday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Thursday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Friday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Saturday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Daily Check-In

Day: Sunday | Date: ___ / ___ / _____

How am I feeling today?

- Struggling Low Okay Good Great

What am I grateful for today?

What is my intention for today?

What is on my mind right now?

Self-care checklist

- | | |
|---|--|
| <input type="checkbox"/> Slept well (7+ hours) | <input type="checkbox"/> Ate regular meals |
| <input type="checkbox"/> Drank enough water | <input type="checkbox"/> Moved my body |
| <input type="checkbox"/> Connected with someone | <input type="checkbox"/> Practised grounding/mindfulness |

Evening reflection: What went well today?

What will I do differently tomorrow?

Weekly Reflection

Week of: ___ / ___ / _____ to ___ / ___ / _____

Looking back at this week, what am I most proud of?

What was my biggest challenge this week?

What did I learn about myself?

What do I want to focus on next week?

Overall, how do I feel about my recovery this week?

1 2 3 4 5 6 7 8 9 10

My Emergency Coping Plan

Fill this in during a calm moment — use it during difficult ones

People I can call when I'm struggling:

Activities that help me feel grounded:

Places where I feel safe:

Reasons I chose recovery:

Things I want to remember on hard days:

Helpful resources:

SAMHSA Helpline (US): 1-800-662-4357 | NHS 111 (UK): dial 111

Samaritans (UK): 116 123 | Crisis Text Line: Text H

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Your GP / therapist: _____

Emergency Plan

You are worth the effort.

Every day you show up for yourself
is a day of recovery.

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