

Addiction Worksheet

Name:

Date:

Addiction Type

What is your addiction and how long have you been struggling with it?

Triggers

List the people, places, or situations that trigger your addictive behavior. This could include stress, boredom, social situations, or certain emotions.

1. _____
2. _____
3. _____
4. _____
5. _____

Negative Consequences

Write down the negative consequences of your addiction, both for yourself and for others.

1. _____
2. _____
3. _____
4. _____
5. _____

Positive Alternatives

Come up with positive alternatives to your addictive behavior.

1. _____
2. _____
3. _____

4. _____

5. _____

Support System

Identify the people in your life who can provide you with support and encouragement as you work to overcome your addiction.

1. _____

2. _____

3. _____

4. _____

5. _____

Goals and Rewards

Set realistic goals for yourself and come up with rewards that you'll give yourself for meeting those goals.

GOAL

REWARD

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Reflections

Use this section to reflect on your progress, setbacks, and any insights you've gained along the way. Answer the following questions.

How have you been feeling lately in regards to your addiction?

What have you learned about yourself and your addiction through this process?

How have you been able to cope with cravings or temptations to engage in your addictive behavior?

How has your addiction affected your self-esteem and self-worth? What can you do to rebuild your sense of self as you continue in recovery?

What are some ways you can practice self-care and maintain a healthy lifestyle during your recovery?

Additional Notes
