

# 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?**

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

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**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?**

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

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**Additional Notes**

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