## **Emotional Sobriety Checklist**

Your full name:	
Your therapist/counselor's full name:	
Date submitted:	
Instructions: Please tick the "I" statements currently applicable to you.	
☐ I accept things as they are.	
☐ I no longer blame others for my actions.	
☐ I no longer judge myself for experiencing difficult emotions.	
☐ I always look at the light at the end of the tunnel during horrible times.	
☐ I look at the silver lining whenever I'm facing something difficult.	
☐ I am grateful and appreciate what I have.	
☐ I no longer feel bad about not having the things I want.	
☐ I no longer allow my emotions to dictate my behavior.	
☐ I constantly practice letting go of jealousy.	
☐ I constantly practice letting go of my resentments.	
☐ I no longer allow social pressure to get to me.	
☐ I no longer drink or use substances as a result of strong emotions.	
☐ I can make sound decisions that are not influenced by emotions.	
☐ I no longer feel the need to be "right."	
☐ I'm not easily influenced by other people's opinions.	
☐ I'm making an effort to be more honest.	
☐ I can healthily reflect on what causes me to feel negative emotions.	
☐ I'm no longer irritable.	
☐ I'm no longer angry.	
☐ I believe I can healthily face life's challenges.	
☐ I try to ask for help from my support systems when I need it.	
☐ I can now set interpersonal boundaries and communicate effectively	

## **ADDITIONAL COMMENTS**