

Gambler's RECOVERY CHECKLIST AND WORKSHEET

Solutions Step by Step: A Substance Abuse Treatment Manual, 1998 by Insoo Kim Berg & Norman H. Reuss

Name: _____ Dates: _____

Please answer each question with an X in the column to the right that best fits for you. If a question does not pertain to you, place NA in the NEVER column.

A.	Manage/Eliminate Gambling Activity (If you continue to gamble start here)	Never	1	2	3	4	5	Always
Overall Score	1. Able to place limits on gambling and not exceed that limit							
	2. Able to consistently reduce my gambling							
	3. Able to eliminate my gambling for specific time periods							
	4. Able to avoid situations where I might gamble							
	(If you have decided to stop gambling, start here)							
	5. Able to avoid situations where I might be tempted to gamble							
	6. Accepted my gambling-free lifestyle							
	7. Able to enjoy life without gambling							
	8. Able to recognize my gambling-related lifestyle							
	9. Comfortable socializing where gambling is available without gambling and/or							
10. Able to leave situations where there is gambling in order to protect my recovery								
B.	Emotional, Psychological & Physical Wellbeing							
Overall Score	1. Able to practice personal hygiene skills							
	2. Able to relax without using substances							
	3. Able to attend to physical health problems							
	4. Able to put past problems in a positive perspective							
	5. Able to express my feelings appropriately							
	6. Able to admit my mistakes to myself and others							
	7. Participate in regular exercise							
	8. Able to cope with stress without using substances							
	9. Able to experience a positive self-image							
C.	Social & Family Well-being							
Overall Score	1. Able to maintain interest in welfare of others							
	2. Able to maintain interest in family members							
	3. Able to engage in family activities with using substances							
	4. Able to help with household chores							
	5. Able to participate in child-rearing chores							
	6. Able to communicate positively with significant other							
	7. Able to solve problems with people							
	8. Able to seek the support of family/friends							
D.	Job & Financial Well-being							
Overall Score	1. Able to go to work/school							
	2. Able to improve performance at job/school							
	3. Able to maintain a balanced household budget							
	4. Able to budget time to accomplish tasks							
	5. Able to use talents and abilities to better self							
E.	Spiritual Well-being							
Overall Score	1. Able to have an interest in my own future							
	2. Able to experience a sense of peacefulness							
	3. Able to maintain a positive outlook on life							
	4. Able to experience and express gratitude							

