

Name: _____ Week of: _____

SUPPORT GROUPS

	DATE	TIME/LOCATION OF MEETING	INITIALS	TOPIC
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

Other positive things I did to maintain drug/alcohol free lifestyle:

Describe a positive event that happened this week:

Sponsor Log

Sponsor's Name: _____ Phone #: _____

Dates of Contact:

Date of Phone Contacts:

Sponsor's Signature: _____ Date: _____

QUALIFYING MEANINGFUL ACTIVITIES

- SEARCHING FOR A JOB
- SEARCHING FOR OR DOING VOLUNTEER WORK
- WORKING
- BEING HELPFUL TO SOMEONE (BE SPECIFIC)
- COMPLETING COMMUNITY SERVICE HOURS
- ATTENDING MONEY MANAGEMENT/BUDGETING SKILLS CLASSES
- ATTENDING RELIGIOUS ACTIVITIES OR EVENTS
- EXERCISING (YMCA, WALKING, BIKING)
- PARTICIPATING IN TREATMENT SESSIONS (INDIVIDUAL & GROUP)
- DOING 12-STEP WORK
- ATTENDING COMMUNITY SUPPORT GROUPS (AA, NA)
- ATTENDING EDUCATIONAL OR VOCATIONAL CLASSES
- COMPLETING WRITTEN ASSIGNMENTS GIVEN BY TREATMENT PROVIDERS
- READING AA/NA LITERATURE

Connecting with SOBER peers in fellowship/structured activities or events
 Reading (assignment from treatment) or AA/NA Literature

WEEKLY LOG RULE OF 40

***10 hours must include recovery related activities**

Date	RECOVERY RELATED ACTIVITIES	Time Completed	Total Hours
Date	WORK / JOB SEARCH / SCHOOL	Time Completed	Total Hours

Date	COMMUNITY SERVICE ACTIVITIES WHETHER ORDERED OR VOLUNTEERED	Time Completed	Total Hours
Date	EXERCISE	Time Completed	Total Hours
Date	FELLOWSHIP / STRUCTURED ACTIVITIES OR EVENTS	Time Completed	Total Hours
Total Hours =			