Self-Tracking Starter Kit

A selection of templates for self-tracking tools

for your organisation or community.

Customisable tools to track your progress

in recovery and wellbeing.

Contents

Daily Wellbeing Tacker 1

Daily Wellbeing Tracker 2

Daily Mental Health Recovery Tracker

Daily Addiction Recovery Tracker

Weekly Addiction Recovery Tracker1

Weekly Addiction Recovery Tracker2

Weekly Recovery Tracker 1

Weekly Recovery Tracker 2

Quarterly Recovery Tracker

Role Wellbeing Tracker

Workplace Wellbeing Tracker

Emotional Wellbeing Tracker

Session Tracker

More Templates

Daily Wellbeing Tracker (brief)

Today was…

* A wonderful day
* A good day
* An OK day
* A difficult day
* A very difficult day

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Wonderful |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Good |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Difficult |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Very difficult |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Wellbeing Tracker (questions) Date:

Question 1:

How well did you do at having a healthy diet today?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Question 2:

How well did you do at getting some exercise today?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Question 3:

How well did you do at living with a sense of purpose today?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Question 4:

How well did you do at having with a sense of   
community and belonging today?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Daily Wellbeing Tracker (total score chart)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 39 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 38 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 37 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25  Wellbeing 🡪 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Wellbeing Tracker (individual question charts, page 1)

Question 1: How well did you do at having a healthy diet today?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Question 2: How well did you do at getting some exercise today?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Wellbeing Tracker (individual question charts, page 2)

Question 3: How well did you do at living with a sense of purpose today?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Question 4: How well did you do at having with a sense of   
community and belonging today?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Mental Health Tracker

A score “1” refers to a normal day when you are doing OK.

A score of “10” refers to a day when your symptoms are so severe you cannot function.

On a scale from 1 to 10, how was your mental health today?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Addiction Recovery Tracker

Morning: 8am to noon

Afternoon; noon to 6pm

Evening: 6pm to midnight

Night: midnight to 8am

Week Number:

*Take some time at the end of each to and place a tick in each box when you used.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Night |  |  |  |  |  |  |  |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |

Week Number:

*Take some time at the end of each to and place a tick in each box when you used.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Night |  |  |  |  |  |  |  |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |

Week Number:

*Take some time at the end of each to and place a tick in each box when you used.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| Night |  |  |  |  |  |  |  |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |

Weekly Addiction Recovery Tracker 1

At the end of each week, add up the number of ticked boxes on your Daily Addiction Recovery Tracker. Plot this number of the chart below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0  date or week number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Weekly Addiction Recovery Tracker 2 (questions) Date:

Question 1:

How negatively has your use impacted your life over the past week?

* Not at all
* A little
* Moderately
* Very negatively
* Extremely negatively

Question 2:

On how many days did you use over the last week?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7

Weekly Addiction Recovery Tracker 2 (charts)

Question 1 Chart:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Extremely |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Very |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderately  date or   week number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A little |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not at all |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Question 2 Chart:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2  date or   week number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Weekly Recovery Tracker 1 (questions) Date:

Question 1:

How well have you done at connecting with positive   
and supportive people over the past week?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Question 2:

Thinking back over the past week, how have things been in your personal sense of wellbeing, for example, your sense of meaning, purpose and belonging and how you have been doing in your emotions and feelings?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Question 3:

Over the past week, how have things been in social settings, for example, for example, at appointments, at social events, in groups you attend, while volunteering and at work?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not Well Very Well

Weekly Recovery Tracker 1 (total score chart)

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| 29 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21  Recovery 🡪 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Daily Recovery Tracker 1 (individual question charts, page 1)

Question 1: How well have you done at connecting with positive and supportive people?

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Question 2: how have things been in your personal sense of wellbeing?

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| 2  date or  week number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Daily Recovery Tracker 1 (individual question charts, page 2)

Question 3: how have things been in social settings?

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Weekly Recovery Tracker 2 (questions) Date:

Question 1:

How supported have you felt over the last week?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very Well

Question 2:

How stressed have you felt over the last week?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Very stressed Not stressed

Weekly Recovery Tracker 2 (total score chart)

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Recovery and wellbeing 🡪

Quarterly Recovery Tracker (questions)

Year:

Quarter:

Score:

* I have a safe place to live.
* I was able to pay my bills last month.
* I am volunteering in my community
* I am attending an educational course
* I am working.
* I am connecting with at least one support in my community, such as a library, gym, support group or a faith-based group.
* I am connecting with at least one of these supports: a mental health worker, a drugs worker, a sponsor, a counsellor or a supportive friend or family member.
* I have not used drugs over the past month (excluding prescriptions).
* I regularly use a self-tacking tool.
* I regularly share one of my self-tracking charts with someone I trust.

Quarterly Recovery Tracker (total score chart)

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| 1  year and quarter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Role Wellbeing Tracker (questions)

Role:

Date:

Question 1:

Are you getting the support you need to be successful in this role?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Question 2:

Are you enjoying this role?

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Role Wellbeing Tracker (total score chart)

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| 15  Wellbeing 🡪 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Session Tracker (questions) Date:

Question 1:

I felt supported and accepted in this session.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Question 2:

Today’s session was helpful.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Session Tracker (total score chart)

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| 15  Benefit form session 🡪 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Workplace Wellbeing Tracker

When I return to work after a week or two on leave…

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

I am excited and looking forward to returning to work.

I have mixed feelings.

I am dreading returning to work.

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| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Emotional Wellbeing Tracker

In this moment I have…

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

negative feelings

positive feelings

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0  Date and time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

* Healthy emotions are ones that do not harm to yourself or others.
* Positive emotions can include joy, bliss, exhilaration, peacefulness, enthusiasm, calmness, compassion, confidence, feeling safe and so on.
* Negative emotions can be things like anger, hatred, envy, self-hate and so on. When we process these feelings in a healthy way, they can have a positive impact on your grown and transformational journey towards wellbeing.

TEMPLATES

Here are some more templates for you to develop so they work best for you and your community, family, school and workplace.

**Weekly Recovery Tracker**

*Think back over the last 7 days and chart the numbers that best describe your experience.*

**How well have you done at connecting with positive   
and supportive people?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

**How have things been in your personal sense of wellbeing?**

Consider your sense of meaning, purpose and belonging and how you have been doing in your emotions and feelings.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

**How have things been in social settings?**

For example, at appointments, at social events, in groups   
you attend, while volunteering and at work.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

Good

Very Good

OK

Total score

Low

Very Low

Week

**Daily Wellbeing Tracker**

*Think back over the day and chart the numbers that best describe your experience.*

**How well did you do at having a healthy diet today?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

**How well did you do at exercising today?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

**How well did you do at living with a sense of purpose   
and focus today?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

**How well did you do at having a sense of connection   
and belonging today?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

VERY  
WELL

NOT   
WELL

Very Good

OK

Good

Low

Total score

Very Low

Day

**Weekly Recovery Tracker**

**How supported did you felt over the last week?**

Consider how well supported you felt to be emotionally   
and physically well and to achieve your recovery   
and wellbeing goals.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not supported Very supported

**How stressed did you feel over the last week?**

Consider your overall stress levels. Be mindful that many things can be considered as stressful, for example, work issues, relationships, not feeling safe, legal issues   
and money problems.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Very stressed Not stressed

Discuss with someone you trust ways to improve your score.

Very Good

Good

OK

Total score

Week

**Weekly Addiction Recovery Tracker**

**On how many days did you use over the last week?**

.

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7

**How negatively has your use impacted your life   
over the past week?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all A little Moderately A lot Extremely

**Role Tracker**

*Chart the numbers that best describe your experience.*

**I am getting the support I need to do**

**my work well as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

**I enjoy being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Very Good

Good

OK

Very low

Reading

**Session Tracker**

*Chart the numbers that best describe your experience.*

**Today’s session was helpful.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

**I felt understood and accepted in today’s session.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Not at all Very

Very Good

Good

Discuss ways to improve the next session.

Session

**Team Wellbeing Questionnaire**

TEAM:

DATE:

*Regarding your role in this team, circle the number that best describes   
how you feel.*

When calculating the total score, these scales are subtracted.

|  |  |  |
| --- | --- | --- |
| I feel… | NOT VERY |  |
| Informed | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Happy | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Trusted | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Valued | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Cared for | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Safe | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Energised | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| Frustrated | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
| Disappointed | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
| Stressed | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
| Disconnected | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
| Hurried | 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
|  | Total score: |  |

*Your thoughts please…*

What do you like about this team and how might it be better?

Chart option 1:

Very Good

Good

Low

Very  
Low

Chart option 2:

Graphical user interface, application, Word

Description automatically generated

Very Good

Good

Low

Very  
Low

Chart option 3:

Very Good

Good

Low

Very  
Low

**Workplace Wellbeing Questionnaire (Brief)**

DATE:

*Circle the number that best describes your experience.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| As I am going to work in the morning, I feel excited. | NOT VERY  0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 |  |
| As I am going to work in the morning, I feel dread. | NOT VERY  0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 | **–** |
|  | TOTAL SCORE: |  |

**Workplace Wellbeing Questionnaire Chart (Brief)**

Excitement

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Dread

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1  Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Daily Mental Health Tracker

Over the past 24 hours, how symptomatic have you been?

* Severely
* Moderately
* Mildly
* No significant symptoms

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Severely |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Moderately |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mildly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| date or day |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

When your symptoms are severe you are not able to function in important life areas, for example, at work and in close relationships.

When your symptoms are moderately you can function, but your symptoms are making is difficult to do so.

When your symptoms are mild, you can function and your symptoms are not making difficult to do so, but they are limiting your wellbeing and quality of life.

It is good to know what your symptoms are and to write them down. This will help to recognise when you are having symptoms. Symptoms a can be things like, difficulty concentrating, feeling sick (when no physical illness is present), racing thoughts, intrusive thoughts, delusions, auditory or visual hallucinations, and so on.

**DISCLAIMER:**

* The creator(s) of these self-tracking tools take no responsibility for how you use them or any consequences of your use of them.
* Any reliance you place on these tools is strictly at your own risk.
* The creator(s) of these tools are not responsible for, and expressly disclaim all liability for damages or harm of any kind arising from the use of, reference to, or reliance on them.
* These self-tracking tools are not to be taken as professional advice. You should not rely on these tools as a substitute for, nor do they replace, professional advice, diagnosis, or treatment. **If you have a mental health, addiction, or physical health concern, you should consult with the relevant medical professionals for support and guidance.**
* No assurance of any kind is given that using these self-tracking tools will improve a person's wellbeing or help them recover from a mental health or addiction concern.

**PERMISSIONS:**

* These self-tracking tools free to use, share, and customise.
* Customise and use these self-tracking tools in a way that is a good fit for you and is the most meaningful to you.