

# Recovery Capital Self-Assessment

Recovery capital refers to the total resources and assets that people can draw upon during their recovery from addiction. It encompasses a wide range of elements, including personal, social, and community resources that can support someone's recovery journey. The concept is crucial because it recognizes that recovery isn't just about abstaining from substances – it also involves building a fulfilling and meaningful life.

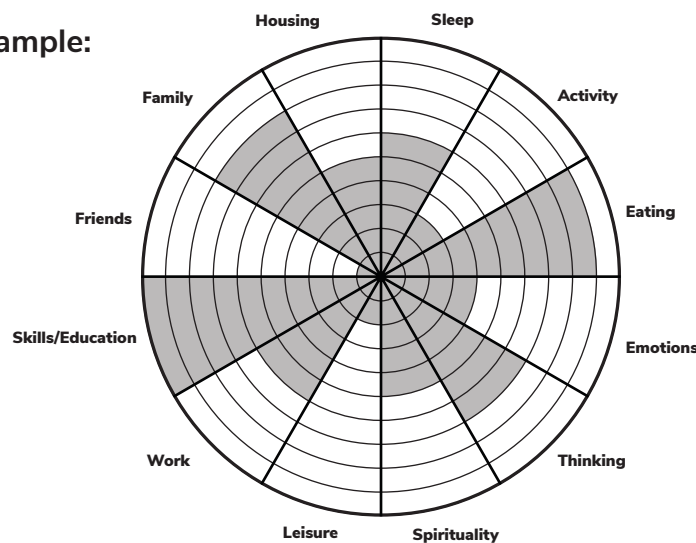
People with higher levels of recovery capital are generally more likely to achieve and sustain long-term recovery. Conversely, those with low levels of recovery capital may face greater challenges in overcoming addiction.

Have the person you're supporting follow the instructions below to assess the state of their recovery capital.

## INSTRUCTIONS

- 1. Rate each area:** For each life area in the worksheet, rate your response on a scale of one to 10. A rating of one indicates the lowest level of satisfaction or fulfillment, while a rating of 10 indicates the highest level.
- 2. Fill in the circle:** On page 9, you will find a pie chart with a slice for each life area you explored throughout this assessment. Colour in the number of sections of the corresponding slice based on your rating, starting at the centre.
- 3. Reflect:** Use the filled-in pie chart to reflect on your recovery capital. How full is your recovery circle? Consider the areas where you have high ratings and those where you have lower ratings. This will help you identify strengths and areas for improvement in your recovery journey.

Example:



## Sleep

When do you usually fall asleep and wake up?	
How long does it take you to fall asleep?	
Do you sleep through the night?	
Do you feel rested when you wake up? Do you have a regular routine before bed?	
What gets in the way of your sleep? How do stimulants (e.g., caffeine) affect your sleep?	
Have you ever tried anything to improve your sleep?	
<div>RATING <b>/10</b></div>	

## Activity

What types of movement or physical activity do you enjoy?	
How do you feel after you exercise?	
How are you celebrating moving your body?	
How are your energy levels?	
<div>RATING /10</div>	

## Eating

What do you normally eat during the day?	
What foods make you feel good?	
What changes do you want to make to your eating routine?	
<div>RATING /10</div>	

## Emotions

When do you experience pleasant feelings? What feelings do you experience?	
What helps you feel calm?	
What makes you happy?	
When do you experience unpleasant feelings?	
What leads you to feel anxious or depressed?	
How does your drug of choice affect your feelings?	
How does talking to someone you trust affect your feelings?	
How does taking care of your physical health impact your emotional health?	
<div> RATING /10 </div>	

## Thinking

What helps you think clearly?	
When is it hard to think clearly?	
How does stress affect your thinking?	
How is your memory?	
What helps keep you grounded and slow down before reacting?	
<b>RATING     /10</b>	

## Spirituality

What values are important to you?	
Who taught you values growing up?	
What are some values you have now that you did not develop growing up?	
How have your values changed?	
<b>RATING     /10</b>	

## Leisure

What do you enjoy doing for fun?	
What activities do you “lose time” doing?	
What hobbies or activities are you interested in trying?	
How often are you doing these activities? Do you want to make more time for them?	
<b>RATING     /10</b>	

## Work

What are your values and beliefs about work?	
What is your experience with work?	
What are your goals?	
<b>RATING     /10</b>	

## Skills/Education

What are the ways you learn?	
What are your beliefs and values about school or other forms of education and learning?	
What parts of school (if any) were the most enjoyable and rewarding?	
Do you have future goals for your education or things you would like to learn?	
<div>RATING /10</div>	

## Friends

Who do you consider to be your friends?	
Which of your friends do you trust and respect?	
How do you and your friends spend time together?	
Which of your friends are the most supportive? How do they support your recovery?	
<div>RATING /10</div>	

## Family

Who do you consider to be your family?	
Which family members are important to you and your recovery?	
Which family members do you respect and trust?	
How does your family communicate?	
<b>RATING     /10</b>	

## Housing

Where are you living? What is challenging about where you live?	
Is there anything you would change about where you live?	
What are your future goals for housing?	
What are the interactions like with the people you live with?	
<b>RATING     /10</b>	



# Recovery Capital Self-Assessment Chart

