## Idaho Recovery Capital Scale (Adapted from William White at williamwhitepapers.org.)

Place a number by each statement that best describes your situation today.

- 5 Completely Agree
- 4 Mostly Agree
- 3 Agree a little

My first name: \_\_\_\_\_

- 2 Mostly disagree
- 1 Completely disagree

Today's Date: \_\_\_\_\_

I live in an environment that is free from alcohol and other drugs I have an intimate partner that is supportive of my recovery I have family members who are supportive of my recovery I have friends who are supportive of my recovery I have people close to me (intimate partner, family, friends) who are also in recovery I have a job that provides for my basic needs I have a written plan for my recovery I am in reasonably good physical health I am in reasonably good mental health I have a plan to manage my mental health I am taking prescribed medication to support my mental health I am taking prescribed medication to help my cravings for alcohol or other drugs I have access to regular healthy meals I have clothes that are comfortable and clean and do not represent drug using I have access to recovery support groups in my community I am regularly involved with a local recovery support group I have a sponsor or other mentor for my recovery I have people who look to me as a mentor for their recovery I have completed or am complying with all legal requirements related to my past I have recovery rituals that are part of my daily life I have goals for my future I feel I am a part of my community Services to others is an important part of my life today **My Score** 

## Five areas of recovery capital I want to increase in the next 6 months:

1.
2.
3.
4.
5.
In the next week I will do the following activities to help me increase my recovery capital:

- 1.
- 2.
- 3.

## Who will help me work on these activities?

- 1.
- 2.
- 3.