

# MOVING ON

*A Program for At-Risk Women*

• REVISED AND EXPANDED •



## Participant Handouts for Module 5

### SUPPLEMENTAL SESSION 1

- Reflection Diary
- SS1-A: My Typical Day
- SS1-B: My 24-Hour Clock
- SS1-C: My Leisure Inventory
- SS1-D: Obstacles to My Enjoyment
- SS1-E: Monthly Expense Sheet
- How I Am Doing

Hazelden®



## Part 2: How Did You Respond?

6. What strategy did you use to respond to the situation? What did you tell yourself and what did you do?

---



---



---

7. How successful were you in dealing with the challenge or keeping the experience positive?

1	2	3	4	5	6	7	8	9	10
NOT AT ALL SUCCESSFUL			SOMEWHAT SUCCESSFUL				VERY SUCCESSFUL		

8. What other strategies (if any) could you try the next time? Evaluate the best choice.

Alternatives	Gains (+)    Costs (-)

9. How will you prepare?

---



---



---

MOVING ON



## My Typical Day

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Below and on the next page, indicate the activities that you do in a typical day in the appropriate time slots.

Time	Activity
12:00 a.m.	
1:00 a.m.	
2:00 a.m.	
3:00 a.m.	
4:00 a.m.	
5:00 a.m.	
6:00 a.m.	
7:00 a.m.	
8:00 a.m.	
9:00 a.m.	
10:00 a.m.	
11:00 a.m.	
12:00 p.m.	
1:00 p.m.	
2:00 p.m.	
3:00 p.m.	

---

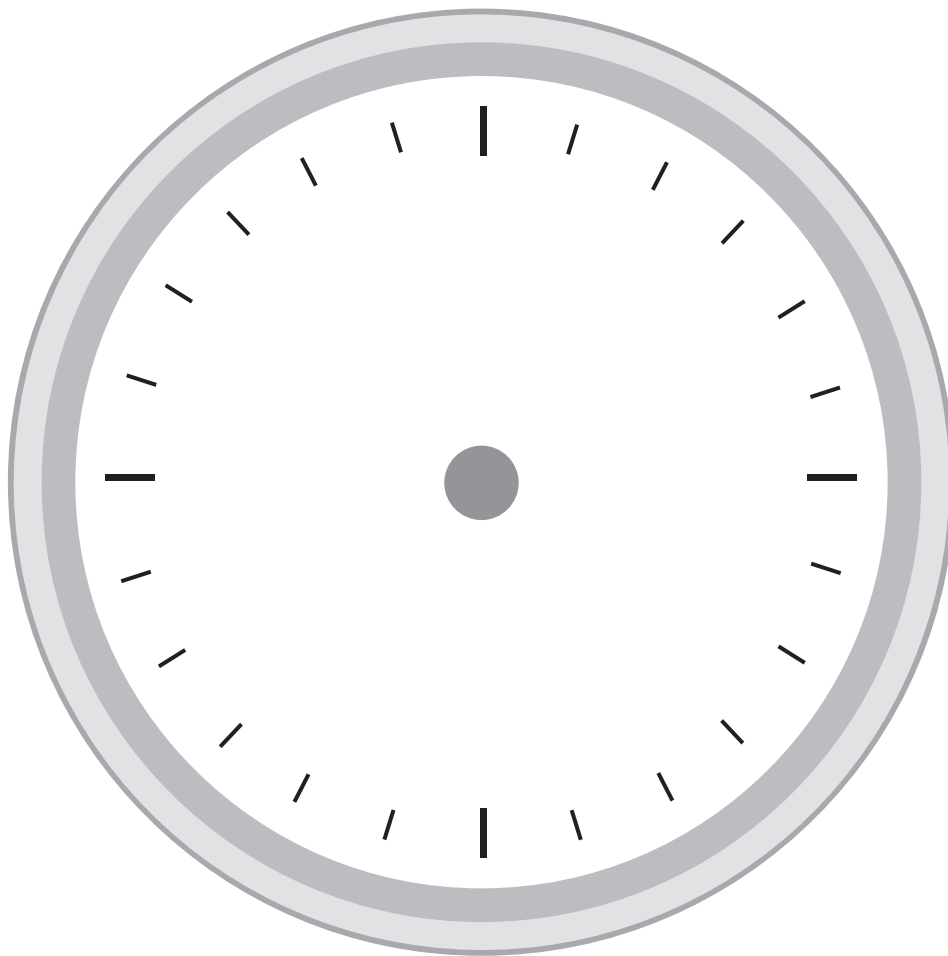
Time	Activity
4:00 p.m.	
5:00 p.m.	
6:00 p.m.	
7:00 p.m.	
8:00 p.m.	
9:00 p.m.	
10:00 p.m.	
11:00 p.m.	



## My 24-Hour Clock

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Refer to your *My Typical Day* handout. Group the activities that occur more than once a day, such as eating. Plot your activities on the clock below—which has slots for twenty-four hours—and color code the activities using the key.



- Key:** **Yellow:** work or school activities, time spent commuting to work or school  
**Blue:** eating, sleeping, taking care of children, grocery shopping, or personal hygiene  
**Green:** doctor appointments, meeting with probation/parole officer, meeting with caseworkers, AA or NA groups, counseling, group programs such as *Moving On*, and other appointments  
**Red:** free time, exercising, church/religious activities



# My Leisure Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Read this list and put a ✓ in the “I Do” column by any activities that you currently do. Put a ✓ in the “I Want to Do” column for any activities that you think you would enjoy and want to try. Feel free to add activities that you think of to this list under “Other Activities.”

Activities	I Do	I Want to Do
<b>Food</b>		
Cooking or baking		
Eating out		
<b>Music</b>		
Playing music		
Listening to music on the radio		
Going to concerts		
Singing		
Writing music/lyrics		
<b>Art/Cultural</b>		
Sculpting		
Photography		
Drawing or painting		
Sewing		
Visiting museums		
Woodworking		
Writing letters, poems, or stories		

Activities	I Do	I Want to Do
<b>Art/Cultural</b> <i>(continued)</i>		
Theater/drama group		
Reading newspapers, magazines, or books		
<b>Sports/Exercise</b>		
Basketball		
Baseball		
Volleyball		
Soccer		
Swimming		
Rugby		
Snowshoeing		
Hiking		
Walking		
Jogging		
Waterskiing		
Cross-country skiing		
Weight lifting		
Badminton		
Tennis		
Working out		
Bicycling		
Camping		

*continued*

MOVING ON



Activities	I Do	I Want to Do
<b>Outdoor Activities</b>		
Fishing		
Gardening		
Hunting		
Bird-watching		
Working on a car or bike		
<b>Movies/TV</b>		
Watching movies		
Watching sports or other shows on TV		
Playing video games		
<b>Community/Group and Service Activities</b>		
Volunteering		
Coaching		
Playing with my kids		
Playing cards, board games, or games such as ping-pong, billiards, or pool		
Caring for pets		
Spending time with friends and family		
Joining a club		
Taking courses		
<b>Other Activities</b>		

MOVING ON



## Obstacles to My Enjoyment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** According to your own experience, what are the major obstacles preventing you from enjoying leisure time? Please use the scale provided and rate each of the following obstacles as they apply to your life.

### Rating Scale

1 = This is **rarely** an obstacle for me.

2 = This is **sometimes** an obstacle for me.

3 = This is **often** an obstacle for me.

- \_\_\_\_\_ Once I am at home, I usually don't feel like doing anything.
- \_\_\_\_\_ I don't have enough time.
- \_\_\_\_\_ It would be fun, but I really don't think that spending time on myself is important.
- \_\_\_\_\_ There are just too many things going on that get in my way.
- \_\_\_\_\_ I don't have enough money to do what I want.
- \_\_\_\_\_ I am not very good at doing physical things.
- \_\_\_\_\_ I'm not creative enough to do the things I want to do.
- \_\_\_\_\_ My friends will think I am crazy if I start doing this.
- \_\_\_\_\_ I don't know what is going on or what is available in my community.
- \_\_\_\_\_ There is no one to go with.
- \_\_\_\_\_ I don't like going into new places on my own.
- \_\_\_\_\_ Recreation programs and facilities are not available.
- \_\_\_\_\_ I find it hard to follow through with my plans.



# Monthly Expense Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Estimate the monthly costs for the following items if they apply to you. If you have additional monthly expenses not listed here, feel free to write them in on the “Other” lines under the appropriate categories. Calculate your total monthly expenses.

When directed by your facilitator, give each item a priority rating using the key. When directed, cross out the nonessential items, then calculate your total monthly expenses for essential items only.

**KEY**

Priority rating (1–3):

**1 = high** priority

**2 = moderate** priority

**3 = low** priority

Item	Estimated Cost	Priority Rating
<b>Personal Care</b>		
Clothing (self and family)		
Hygiene or grooming items (shampoo, toothpaste, (makeup, razor, etc.)		
Gender-specific items (tampons, birth control pills, etc.)		
Paper goods (toilet paper, tissues, etc.)		
Household cleaning supplies		
Groceries		
Meals at work		
Medical care (dental, prescriptions, etc.)		
Entertainment/leisure		
Other:		
Other:		

Priority rating (1–3): 1 = **high** priority 2 = **moderate** priority 3 = **low** priority

Item	Estimated Cost	Priority Rating
<b>Gifts</b>		
Holiday or birthday gifts		
Other:		
Other:		
<b>Loans and Credit Cards, Etc.</b>		
Fines		
Credit card debt		
School loan		
Car loan		
Bank loan		
Loan from family, friends, or associates		
Other:		
Other:		
<b>Household</b>		
Rent or mortgage payment		
Gas (heat and/or appliances)		
Electricity		
Water		
Telephone		
Television and cable		
Insurance		
Home repairs		
Furniture		

*continued*

MOVING ON

Priority rating (1–3): 1 = **high** priority 2 = **moderate** priority 3 = **low** priority

Item	Estimated Cost	Priority Rating
<b>Household</b> <i>(continued)</i>		
Other:		
Other:		
<b>Transportation</b>		
Bus		
Subway		
Taxi		
Car insurance		
Car repairs		
Gasoline		
Other:		
Other:		
<b>Savings</b>		
Personal savings account		
Other:		

**Total of all expenses (including nonessentials):** \_\_\_\_\_

**Total of essentials only:** \_\_\_\_\_



# How I Am Doing

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 1:

How are you doing? How are things going in your life? Please make a mark on the scale to let your facilitator know. The closer to the smiley face 😊, the better things are. The closer to the frowny face ☹️, things are not so good. The middle is neutral 😐.

### Personal

*(How am I feeling or thinking about myself?)*



### Family

*(How are things in my family?)*



### Career/Vocational

*(How am I doing at school/work?)*



**Community/Peers**

*(How am I doing with friends/activities/support?)*



0

5

10

**Part 2:**

Reflect for a moment on the things that you heard and did in this session. What will you add to your portfolio? Take some time and do that now.

---

---

---

