

SELF-CARE PLAN WORKSHEET

Name: _____ Date: _____

Review date: _____

WHEN I'M FEELING GOOD...

BODY	MIND	BEHAVIOURS

WHEN I'M NOT FEELING GOOD...

BODY	MIND	BEHAVIOURS

These are my red flags

THESE ARE THE THINGS I AM GOING TO DO WHEN I NOTICE I'M NOT DOING SO WELL:

FOR MY BODY	FOR MY MIND	FOR MY RELATIONSHIPS

I will do this because:

Signed: _____ Date: _____