**MY SELF-CARE PLAN**

**GENERAL, SELF-AWARENESS QUESTIONS:**

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| **What are my early warning signs?** |
| *Examples could include a change in mood or sleep, low energy, headaches, avoiding things or withdrawing from people.*  |
| **What things make me feel better? What is in my ‘Self-Help Toolbox’ that I can use?** |
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| **What have I done before that has helped?** |
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| **When things have been going well, what have I been doing?**  |
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**DAILY CHECK-IN AND PLAN FOR THE DAY:**

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| **How am I feeling today?**  |
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| **Do I need to take action now to support myself? Is there something immediate I can do?**  |
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| **What else do I need to do and when am I going to do it?**  |
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| **When should I check-in with myself again to see how I am?** |
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