

SELF-CARE PLAN

In the spaces below, list two things you are doing well for each category. List three things that you want to add to your self-care plan.

PHYSICAL	EMOTIONAL	OCCUPATIONAL	SOCIAL
Doing well:	Doing well:	Doing well:	Doing well:
(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)
Adding to my self-care plan:	Adding to my self-care plan:	Adding to my self-care plan:	Adding to my self-care plan:
(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)
SPIRITUAL	ENVIRONMENTAL	INTELLECTUAL	FINANCIAL
Doing well:	Doing well:	Doing well:	Doing well:
(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)
Adding to my self-care plan:	Adding to my self-care plan:	Adding to my self-care plan:	Adding to my self-care plan:
(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)