

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: 1) 2)	Doing well: 1) 2)	Doing well: 1) 2)	Doing well: 1) 2)
Adding to my self-care plan: 1) 2) 3)			
SPIRITUAL	ENVIRONMENTAL	INTELLECTUAL	FINANCIAL
Doing well: 1) 2)	Doing well: 1) 2)	Doing well: 1) 2)	Doing well: 1) 2)
Adding to my self-care plan: 1) 2) 3)			