Self-Care Action Plan

I’ll make time to take care of myself by taking these actions..............

Once a day, Once a week, Once a month or Whenever I need it

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<th>Physical-</th>
<th>Psychological-</th>
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<th>Emotional-</th>
<th>Spiritual-</th>
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<th>Workplace/Professional-</th>
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Overall Balance- How am I feeling right now? __________________________________________

_________________________________________________________________________________

What are some obstacles that may hinder me from implementing my plan? (In any area)

_________________________________________________________________________________

_________________________________________________________________________________

What negative strategies do I need to avoid implementing my plan? ______________________

_________________________________________________________________________________

What can I do to hold myself accountable for implementing my plan? ______________________

_________________________________________________________________________________

When do I need to implement my plan? ______________________________________________

_________________________________________________________________________________

Who can I count on to help me implement my plan? ____________________________________

_________________________________________________________________________________

When implementing my plan I will feel? ______________________________________________

_________________________________________________________________________________