

Taking care of Myself- A Plan of Action

Name: _____

Date: _____



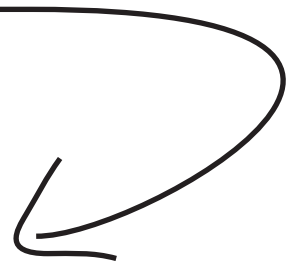
What **motivates** me to take care of myself?

Who and what are the **people, things, goals, and activities** that are important to me?

- ▶
- ▶
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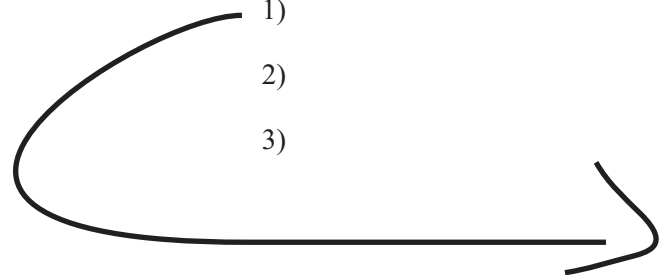
What **activities/situations** get me into trouble?

- 1)
- 2)
- 3)



How can I **avoid or deal** with these activities/situations?

- 1)
- 2)
- 3)



Who will I contact for **help**?

Examples: Parent, relative, friend's parent, clergy member, teacher, coach, therapist.

| NAME | CONTACT INFO (Phone#, Address) |
|------|--------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

What **can I do** to **help myself** when I'm feeling down, stressed, or worried?

Examples: Exercise, deep breathing, listening to music, drawing, writing.

What I will DO today:



What I will DO this week:

Do you have any comments or questions about this handout? Please contact Adolescent Health Working Group by emailing feedback@ahwg.net or calling (415) 554-8429. Thank you.

Source:

1) Adolescent Health Working Group. Taking Care of Myself- A Plan of Action. 2003, <http://www.ahwg.net/projects/headsup.htm>.

