

SELF-CARE PLAN

DATE



REFLECTION

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| WHAT HAS BEEN WEIGHING ON MY MIND OR BODY LATELY? | HOW AM I CURRENTLY FEELING (PHYSICALLY, EMOTIONALLY, MENTALLY)? |
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NEEDS ASSESSMENT

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| WHAT DO I THINK I NEED MOST RIGHT NOW (E.G. REST, CONNECTION, CREATIVITY, MOVEMENT)? | WHICH PART OF ME FEELS MOST NEGLECTED (BODY, MIND, SPIRIT)? |
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ACTIVITY BRAINSTORM

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| WHAT SPECIFIC ACTIVITIES COULD MEET THIS NEED (E.G. NAPPING, CALLING A FRIEND, YOGA)? | HOW MIGHT THESE SELF-CARE ACTIVITIES HELP ME? |
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ACTION PLAN

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| WHAT SELF-CARE ACTIVITY CAN I COMMIT TO TODAY? | WHEN AND HOW WILL I MAKE TIME FOR IT? |
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POST-ACTIVITY

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| HOW DO I FEEL AFTER DOING THIS ACTIVITY? | WHAT DID I LEARN ABOUT WHAT SELF-CARE WORKS BEST FOR ME? |
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