



Personal Self-Care Plan

Name: _____

Date: _____

1. Why Self-Care Matters to Me

(Briefly note why taking care of yourself is important right now.)

2. Early Warning Signs I'm Not Taking Care of Myself

(Check or write a few that apply.)

- Feeling overwhelmed
- Irritable or short-tempered
- Withdrawing from others
- Trouble sleeping
- Increased urges/cravings
- Negative self-talk
- Skipping responsibilities
- Other: _____

3. Daily Self-Care (Small, Realistic Actions)

(Things I can do most days.)

- _____
- _____
- _____

4. Weekly Self-Care

(Things that help me recharge or reset.)

- _____
- _____

5. Emotional Self-Care

(How I support my emotional well-being.)

- _____
- _____



6. Physical Self-Care

(How I take care of my body.)

- _____
- _____

7. Social Support

(People or places that help me feel supported.)

People I can reach out to:

- _____
- _____

Healthy social activities:

- _____

8. Coping Skills for Stress or Urges

(What I can do when things feel hard.)

- _____
- _____
- _____

9. Obstacles to Self-Care

(What tends to get in the way.)

One way I can work around these obstacles:

10. One Self-Care Commitment

(One realistic thing I'm willing to practice.)

This week, I will:
