


# Self-Care Success!

## Things you can do to help yourself.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** When people are depressed they often forget to take care of themselves. By setting self-care goals you can take an active role in helping yourself feel better more quickly. Choose one or two of the areas below and set a goal. Make sure the goal is clear and reasonable. In the space below the boxes rate how likely you are to follow through on the goal(s) you set. If you are not very sure you can follow through on your goal you may want to find alternatives or make some adjustments.




**Stay Physically Active**

Each week during the next month I will spend at least \_\_\_\_ days doing the following physical activity for \_\_\_\_ minutes.

\_\_\_\_\_

(Pick a specific date and time and make it reasonable!)




**Schedule Pleasant Activities**

Even though I may not feel motivated I will commit to scheduling \_\_\_\_ fun activities each week for the next month. They are \_\_\_\_\_

\_\_\_\_\_

(Specify when and with whom.)




**Eat Balanced Meals**

Even if I don't feel like it, I will eat \_\_\_\_ balanced meals per day to include \_\_\_\_\_

\_\_\_\_\_

(Choose healthy foods.)




**Spend Time With People Who Can Support You**

During the next month I will spend at least \_\_\_\_ days for at least \_\_\_\_ minutes at a time with: \_\_\_\_\_ doing: \_\_\_\_\_

\_\_\_\_\_ doing \_\_\_\_\_

\_\_\_\_\_ doing: \_\_\_\_\_

(Who?) (What?)  
(e.g. talking, eating, playing)

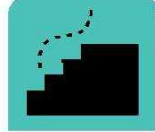


**Spend Time Relaxing**

Each week I will spend at least \_\_\_\_ days relaxing for \_\_\_\_ minutes by participating in the following activities: \_\_\_\_\_

\_\_\_\_\_

(e.g. reading, writing in a journal, deep breathing, muscle relaxation)



**Small Goals & Simple Steps**

The problem is: \_\_\_\_\_

\_\_\_\_\_

My goal is: \_\_\_\_\_

\_\_\_\_\_

Step 1: \_\_\_\_\_

\_\_\_\_\_

Step 2: \_\_\_\_\_

\_\_\_\_\_

Step 3: \_\_\_\_\_

\_\_\_\_\_

**How likely are you to follow through with these activities prior to your next visit?**

Not Likely    1    2    3    4    5    6    7    8    9    10    Very Likely

**What might get in the way of your completing these activities prior to your next visit?**

\_\_\_\_\_

**Solution(s) to the above barriers**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_