



SELF-CARE ACTION PLAN

<i>Mind</i>	<i>Body</i>
<p>What am I doing well:</p> <p>Current practices:</p> <p>What could I improve:</p> <p>New practice(s):</p>	<p>What am I doing well:</p> <p>Current practices:</p> <p>What could I improve:</p> <p>New practice(s):</p>
<i>Emotions</i>	<i>Spirit</i>
<p>What am I doing well:</p> <p>Current practices:</p> <p>What could I improve:</p> <p>New practice(s):</p>	<p>What am I doing well:</p> <p>Current practices:</p> <p>What could I improve:</p> <p>New practice(s):</p>
Barriers to maintaining my self-care strategies:	How I will address these barriers and remind myself to practice self-care:
Negative coping strategies I'd like to use less or not at all:	What I will do instead: