

**Maintenance SELF-CARE PLAN**

Activity	How often?	Outcomes
Physical:	Daily Weekly Monthly Semi-regular	Goal:
Emotional:	Daily Weekly Monthly Semi-regular	Goal:
Relationships/Social:	Daily Weekly Monthly Semi-regular	Goal:
Mental/Psychological:	Daily Weekly Monthly Semi-regular	Goal:
Spiritual:	Daily Weekly Monthly Semi-regular	Goal:
Workplace/Professional:	Daily Weekly Monthly Semi-regular	Goal:
What do you want to change?		
What do you want to introduce?		
What do you want to stop doing?		
What do you want to do more of?		

What do you want to do less of?

Who can you go to for help?

What might get in the way?

Review the plan

Mentor/Supervisor/Coach

Date:

Adjustments: