

This tool is intended to help remind you to take care of yourself and follow through on the different components of your self-care program. Select one or more of the areas indicated below to work on in a given timeframe. Focus on setting realistic goals, and on identifying barriers you may need to overcome in order to achieve your goals.

For more information:

- University of Michigan Depression Center
- 1-800-475-MICH or 734-936-4400
- <http://www.depressioncenter.org/toolkit>

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Today's date: _____

My timeframe for these goals: Today This week This month Before my next appointment

Physical Activity

I will spend at least ____ days doing the following physical activity for ____ minutes:

Fun

Regardless of how I feel, I will commit to scheduling ____ fun activities, including:

Eating Right

I will make the following choices to improve my eating habits:

Support from Others

I will spend at least ____ minutes on at least ____ days spending time with:

Relaxation

I will spend at least ____ minutes on at least ____ days on the following relaxing activities:

My Specific Goal

My goal is: _____

Step #1: _____

Step #2: _____

Step #3: _____

How likely are you to follow through with these activities during the timeframe you have set?

| | | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|---|---|----|-------------|
| Not likely | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very likely |
|------------|---|---|---|---|---|---|---|---|---|----|-------------|

What might get in the way of meeting the goals you have set for this timeframe?

Brainstorm possible ways to overcome these barriers:

