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

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Fun</th>
<th>Eating Right</th>
</tr>
</thead>
</table>
| I will spend at least ____ days doing the following physical activity for ____ minutes:  
_________________________________________ | Regardless of how I feel, I will commit to scheduling ___ fun activities, including:  
_________________________________________ | I will make the following choices to improve my eating habits:  
_________________________________________ |

<table>
<thead>
<tr>
<th>Support from Others</th>
<th>Relaxation</th>
<th>My Specific Goal</th>
</tr>
</thead>
</table>
| I will spend at least ____ minutes on at least ____ days spending time with:  
_________________________________________ | I will spend at least ____ minutes on at least ____ days on the following relaxing activities:  
_________________________________________ | 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?

<table>
<thead>
<tr>
<th>Not likely</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Very likely</th>
</tr>
</thead>
</table>

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

__________________________________________________________  
______________________________________________________________________  
___________________________________________________________________________  
_________________________________________________

Brainstorm possible ways to overcome these barriers:

__________________________________________________________  
______________________________________________________________________  
___________________________________________________________________________  
_________________________________________________