



# Planning Guide

Which need(s) do you want to target?

Self-Care activity (be as specific as possible):

Date and time of activity:

What could possibly be a barrier to your self-care activity? If so, what can you do in advance to make sure it doesn't?

*(For example: My kids could need something during that time, but to prepare I will make sure they know who to contact while I'm doing my activity in case something comes up.)*

A possible barrier is...	But to prepare, I can...

How did you feel after your self-care?

What's one thing you want to remember about this activity?

