**🌱 Depression Relapse Prevention Plan Worksheet**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. My Early Warning Signs**

(First signs I might be getting overwhelmed or destabilized)

* ☐ Trouble sleeping or sleeping too much
* ☐ Feeling irritable or tearful
* ☐ Avoiding work emails or calls
* ☐ Racing thoughts or difficulty concentrating
* ☐ Feeling hopeless or like a burden
* ☐ Panic symptoms (e.g., racing heart, breathlessness)
* **My personal signs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. My Current Supports**

(Who or what helps me stay grounded)

* ☐ Therapist / Psychiatrist
* ☐ Partner, family, friends
* ☐ Relaxation tools (e.g., meditation, walks, music)
* ☐ Medications & supplements
* **People I can reach out to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Coping Strategies That Help**

(Healthy tools I’ve used or want to try)

* ☐ Taking a walk / getting outside
* ☐ Setting timers for breaks
* ☐ Journaling or voice memo venting
* ☐ Breathing exercises or grounding techniques
* ☐ Scripts for setting boundaries (e.g., with coworkers)
* **Other strategies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. What To Avoid**

(Things that tend to worsen my mood or anxiety)

* ☐ Skipping sleep or sleeping too late
* ☐ Too much caffeine
* ☐ Isolation or ruminating
* ☐ Ignoring early warning signs
* ☐ Overcommitting at work or socially
* **Others:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. My Emergency Plan**

(If I start spiraling, here’s what I’ll do immediately)

1. **Reach out to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & preferred contact)
2. Use **grounding tool / medication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Notify **therapist or psychiatrist**
4. Consider taking a day off or adjusting work schedule

**6. My Wellness Maintenance Plan**

(Daily & weekly habits that support my well-being)

* ☐ Aim for bedtime before midnight
* ☐ Morning light exposure (e.g., walk outside)
* ☐ Take 10‑minute breaks every 2 hours
* ☐ Weekly self-check-ins (journal or voice note)
* ☐ Creative or joy-focused activities (e.g., crafting, hobbies)