

# MY MENTAL HEALTH PLAN

## Things I can do to take care of my mental health: feelings, thoughts, and actions

- |   |   |
|---|---|
| <input type="checkbox"/> Breathe slowly       | <input type="checkbox"/> Ride a bike    |
| <input type="checkbox"/> Listen to music      | <input type="checkbox"/> Play outside   |
| <input type="checkbox"/> Play an instrument   | <input type="checkbox"/> Read           |
| <input type="checkbox"/> Draw or paint        | <input type="checkbox"/> Play with toys |
| <input type="checkbox"/> Take a nap           | <input type="checkbox"/> Do a puzzle    |
| <input type="checkbox"/> Blow bubbles         | <input type="checkbox"/> Sew or knit    |
| <input type="checkbox"/> Play with a pinwheel | <input type="checkbox"/> Smile or laugh |
| <input type="checkbox"/> Play dress-up        | <input type="checkbox"/> Take a walk    |
| <input type="checkbox"/> Write a story        | <input type="checkbox"/> _____          |
| <input type="checkbox"/> Play with pets       | <input type="checkbox"/> _____          |

## How to know if I feel mad, sad, or worried

- |  |  |
|--|--|
| <input type="checkbox"/> Eat less or more                    | <input type="checkbox"/> Want to be alone a lot        |
| <input type="checkbox"/> Hard to get to sleep or stay asleep | <input type="checkbox"/> Act before thinking           |
| <input type="checkbox"/> Argue more                          | <input type="checkbox"/> Have less energy              |
| <input type="checkbox"/> Cry easily                          | <input type="checkbox"/> Feeling very nervous/stressed |
| <input type="checkbox"/> Feel bored with things you like     | <input type="checkbox"/> _____                         |
|  | <input type="checkbox"/> _____                         |

## People and places that can help me think of other things

- |  |   |
|--|---|
| <input type="checkbox"/> Parents                 | <input type="checkbox"/> Friends house                    |
| <input type="checkbox"/> Grandparents            | <input type="checkbox"/> Family member's house            |
| <input type="checkbox"/> Aunt or Uncle           | <input type="checkbox"/> Faith Community                  |
| <input type="checkbox"/> Brother, Sister, Cousin | <input type="checkbox"/> Community center or youth center |
| <input type="checkbox"/> My friends              | <input type="checkbox"/> Park                             |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> Library                          |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                            |

## Things I can do with Others to Help Me Feel Better

- |   |   |
|---|---|
| <input type="checkbox"/> Play a game        | <input type="checkbox"/> Have lunch with a friend |
| <input type="checkbox"/> Tell jokes         | <input type="checkbox"/> Play outside             |
| <input type="checkbox"/> Go for a bike ride | <input type="checkbox"/> Give and get hugs        |
| <input type="checkbox"/> Go for a hike      | <input type="checkbox"/> Dance and sing           |
| <input type="checkbox"/> Go to the store    | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Go to the library  | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Watch a movie      | <input type="checkbox"/> _____                    |
| <input type="checkbox"/> Play a sport       |   |

## My trusted adults

- |   |
|---|
| <input type="checkbox"/> Parents                |
| <input type="checkbox"/> Grandparents           |
| <input type="checkbox"/> Uncles/Aunts           |
| <input type="checkbox"/> Older Brothers/Sisters |
| <input type="checkbox"/> Teachers               |
| <input type="checkbox"/> Coaches                |
| <input type="checkbox"/> Religious Leaders      |
| <input type="checkbox"/> Scout Leaders          |
| <input type="checkbox"/> School Counselors      |
| <input type="checkbox"/> School Social Workers  |
| <input type="checkbox"/> School Nurses          |
| <input type="checkbox"/> Doctor                 |
| <input type="checkbox"/> Camp Counselors        |
| <input type="checkbox"/> Any Others?            |
| <input type="checkbox"/> _____                  |
| <input type="checkbox"/> _____                  |
| <input type="checkbox"/> _____                  |

**PAWS UP**  
for mental health

