Self-care plan with early warning signs

Know your early warning signs, what helps, and who to contact, written down before you need it.

NAME _____ DATE _____

My early warning signs (sleep, mood, habits):

Things that help me feel better:

Things to avoid when I'm struggling:

WHO I CAN CONTACT

Support	Name or service	Phone or how to reach
A friend or family member		
Campus counselling		
My doctor or a walk-in clinic		
Crisis line: call or text 9-8-8		