**Emergency Self-Care Worksheet**

1. **Make a list of what you can do when you are upset that will be good for you.**
	1. What will help me relax? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For example: Breathing exercises, music, reading, watching a movie, taking a walk.*

* 1. What do I like to do when I am in a good mood? List some of the things you enjoy so you can remember what they are when you need to think of something to do.

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* 1. What can I do that will help me throughout a hard day?

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*For example: Stay in the moment, be mindful of thoughts, check in with a friend*

* 1. What else do YOU need to do that is specific to YOU?

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1. **Make a list of people you can reach out to if you need support or who can help you get your mind off of the situation:**

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* 1. With that list, ask yourself the following questions:

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| Who can I call if I am feeling anxious? |  |
| Who can I call if I am feeling depressed? |  |
| Who can I call if I am feeling lonely? |  |
| Who can I call if I need to laugh? |  |
| Who could come keep me company if I needed? |  |
| Who do I think will really listen to me? |  |
| Who will encourage me and help me through? |  |
| Who will remind me to check my self-care plan? |  |

1. **Make a list of positive affirmations you can say when you are giving yourself a hard time?**

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1. **Make a list of people, places, or things to avoid doing when you are having a hard time?**

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**Stress Management Inventory**

Identify your main stressors, define how it makes you feel or the reaction it creates, and brainstorm healthy coping activities. Feel free to use ideas you came up with in your self-care plan.

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| **Stressors** | **How does it make me feel/ how do I react to the situation?** | **How can I cope in a** **healthy way?** |
| *At Home:* |  |  |
| *At Work/School:* |  |  |
| *With my Friends/Relationships:* |  |  |

**The Crime Victims’ Center of Chester County, Inc.**

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