Self Care Plan (自我保健计划)

1. **My Concerns (我所关心的方面):**

2. **Changes I want to make (我希望做出的改变):**

3. **In order to make these changes, what do I need to do differently? (为了完成这些改变，我应该怎么做？)**

4. **List the most important reason I want to make these changes: (列举出我想要做出这些改变最主要的原因)**

5. **The ways other people can help are: (其他人可以帮助我的方式)**

6. **How are you to follow through with these changes? (你会坚持做这些改变吗？)**

I will also do the following (我也会履行以下条目):

- Write down the thoughts that are running through my mind that make me depressed, anxious, or suicidal. (写下那些会使我感到忧郁、焦虑或想要自杀的念头)
- Challenging the depressive thoughts. (质疑悲观的想法)
- Write in my journal. (写日记)
- I will do something physical like __________________ for ______ minutes each day. (每天我会花____分钟在体育锻炼上，例如__________________)
- I will practice relaxation techniques ______ minutes each day. (每天我会花____分钟在娱乐消遣上)
- Do something I usually enjoy like __________________, although I might not currently enjoy it _______ times per week. (我通常会做一些__________________之类的我喜欢的事情，即使现在我可能不能够每周做上______次)
- Other ___________________ (其他______________________)

If I feel overwhelmed, very stressed, or have suicidal thoughts, I will contact: (如果我感到了承受不住、压力过或有自杀的念头，我会联系)

1. MSU Counseling Center M-Tu 8a.m.-7p.m., W-F 8a.m.-5p.m. Phone: 517-355-8270

2. Community Mental Health Crisis Line: 517-346-8460

3. Olin Student Health Center Phone Information Nurse: 517-353-5557

4. Sparrow Emergency Room 1215 E. Michigan Ave. Lansing, MI; call 9-1-1

5. 1-800-273-TALK (8255) – Suicide Prevention Resource Center (自杀预防中心电话: 1-800-273-TALK/8255)
I understand that a comprehensive plan of care is required. I agree that I will not hurt or harm myself in any way. In order to keep myself safe and continue to work toward wellness, I will do the following:

I commit to work with the treatment team at the Olin Student Health Center or Counseling Center. This will include regular visits and/or contact as well as compliance with prescribed medication if applicable.

The one thing that is most important to me and worth living for is:

___________________________

I understand that it may be important to complete short follow-up surveys to document my progress and will do the following:

Print Name (印刷体名字): ________________________________

Signed (签名): ________________________________ Date (日期): ________ Witness (见证人/连署人): _____________________