

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)

Person (可提供帮助的人) Possible ways to help (可能提供的帮助)

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

1	2	3	4	5	6	7	8	9	10
Very unlikely					Very Likely				
(一定不会)					(一定会)				

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\挑战那些悲观的想法)
- 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、压力过大或者有自杀的念头, 我会联系)

1. MSU Counseling Center M-Tu 8a.m.-7p.m., W-F 8a.m.-5p.m. Phone: 517-355-8270
(密歇根州立大学心理咨询中心。周一~周二: 早八点~晚七点; 周三~周五: 早八点~晚五点。电话: 517-355-8270)
2. Community Mental Health Crisis Line: 517-346-8460
(社区心理健康专线: 517-346-8460)
3. Olin Student Health Center Phone Information Nurse: 517-353-5557
(Olin学生健康中心在线电话护士: 517-353-5557)
4. Sparrow Emergency Room 1215 E. Michigan Ave. Lansing, MI; call 9-1-1
(Sparrow医院急诊室: 密歇根州兰辛市东密歇根大街1215号, 或拨打911)
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:

(我明白一个全面的健康计划是必需的。我不会以任何形式伤害自己。为了保证我自身的安全并且继续锻炼至恢复健康，我会做到：)

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.

(我保证会与Olin学生健康中心/心理咨询中心配合，定期探访联系，并谨遵医嘱处方)

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

(我生命中最重要的一件事情是/最能让我活下去的理由：)

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

(我明白短篇跟踪问卷对记录我的医疗进展是必要的)

Print Name (印刷体名字): _____

Signed (签名): _____ **Date (日期):** _____ **Witness (见证人/连署人):** _____