**6. REVIEW APPROACH**

* *HOW WILL YOU REVIEW PROGRESS?*
* *CAN YOU FIND SOMEONE AT WORK/AT HOME WHO CAN SUPPORT YOU TO MAKE CHANGES?*
1. **HOW WELL DO I PRACTICE SELF CARE?**
* *CONSIDER COMPLETING QUESTIONAIRRE AT THE END OF THE ARTICLE*
* *WHAT IS MY RATING 1-10?*
* *ANY OBVIOUS THINGS I COULD IMPROVE?*

**3. EMOTIONAL SELF CARE (E.G. TIME WITH LOVED ONES/FRIENDS, COMFORTING ACTIVITIES)**

**What am I doing that works?**

**What could I improve?**

**4. WORKPLACE SELF-CARE (E.G. TAKING TIME OUT FOR BREAK, FOCUSSING ON PRIORITIES, PEER SUPPORT)**

**What am I doing that works?**

**What could I improve?**

**5. ACTIONS ARISING; ANYTHING I WOULD LIKE TO CHANGE FROM HAVING REFLECTED ON MY SELF-CARE APPROACH?**

**2. PHYSICAL SELF-CARE (E.G. EXERCISE, HEALTHY EATING)**

**What am I doing that works?**

**What could I improve?**

SELF CARE ACTION PLAN

