

# Wellness Recovery Action Plan

Name: \_\_\_\_\_

Date created: \_\_\_\_\_ Date updated: \_\_\_\_\_

## Wellness toolbox

*List activities, strategies, and resources that help you stay well or feel better.*

What types of movement make you feel energized?

Which physical activities help you relax?

What helps clear your mind?

Which creative activities bring you joy?

What social situations energize you?

What calming practices work best for you?

Which environments help you feel peaceful?

## Daily maintenance plan

### Morning routine

What activities help you start your day positively?

What healthy habits would you like to maintain?

**Throughout the day**

What boundaries do you need to set?

How will you take breaks and reset?

**Evening routine**

What helps you wind down?

How can you prepare for restful sleep?

**Triggers and early warning signs**

What situations typically cause stress?

Which environments feel overwhelming?

What relationships might need extra attention?

Do you notice changes in your:

Sleep patterns?

Eating habits?

Social interactions?

Energy levels?

Thought patterns?

What specific changes have you noticed?

## Crisis plan

### Emergency contacts

Name:

Relationship:

Phone number:

Name:

Relationship:

Phone number:

Name:

Relationship:

Phone number:

### Healthcare providers

Mental health professional:

Phone number:

Primary care doctor:

Phone number:

What helps immediately calm you?

Who should be contacted first?

When should you seek professional help?

Which services will you use?

What environments should you avoid?

Medications (if applicable)

## Post-crisis plan

Where do you feel most comfortable recovering?

What level of social interaction do you need?

What practical help might you need?

How can others best support you?

Set a date to review and update this plan:

*Note: This is a living document. Update it as you learn more about what works best for you.*