

Name _____

Date _____

Events that are stressful (or trigger me)	What I can do to stay calm	People I can call for support
<div style="background-color: #4B0082; color: white; padding: 5px; text-align: center; font-weight: bold;">Signs that I am having difficulty</div> <p style="text-align: center; color: #4B0082;">(Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolating/keeping to myself <input type="checkbox"/> Not taking my medications as prescribed <input type="checkbox"/> Changes in mood <input type="checkbox"/> Missing appointments <input type="checkbox"/> Alcohol or drug use <input type="checkbox"/> Changes in appetite <input type="checkbox"/> Changes in sleep <input type="checkbox"/> Thoughts of hurting self or others <input type="checkbox"/> Not completing daily tasks/routines <p>Other: _____</p>	<p>When feeling stressed or triggered:</p> <p>When feeling unsafe:</p> <p>These are my safe places:</p> <p>Things people can do/say to help me when I'm upset:</p> <p>Things people should not do/say to help me when I'm upset:</p>	<ul style="list-style-type: none"> • Name _____ Relationship _____ Phone _____ • Name _____ Relationship _____ Phone _____ • Name _____ Relationship _____ Phone _____ Community support and other resources: • Therapist _____ Phone _____ • Local crisis team number _____ • 9-8-8 (Suicide and Crisis Lifeline) • 9-1-1 Local Emergency Room

Note: This form is designed to aid in (not take the place of) treatment from a licensed professional.