

WELLNESS PLAN

Name:	ID#:	Date:	
When I am well, I am / feel / look like:			
Things to watch for to stay well:			
Triggers			
1.			
2.			
3.			
Early warning signs of not doing well (symptoms/signs):			
1.			
2.			
3.			
Supporters and phone numbers (and/or self-help groups attending, sponsor) to reach out to:			
1.			
2.			
3.			
4. Warm Line: 1.866.359.7953 (Peer Support)			
Current medications and instruction as well as prescriber and phone number:			
<i>Medication</i>	<i>Instructions</i>	<i>Prescriber</i>	<i>Phone Number</i>
If I find myself needing help after program completion, I can:			
1.			
2.			
3.			
4. Contact Chestnut admissions line: 618.877.4420 (Southern Region) / 309.827.6026 (Central Region)			
If I feel I am in crisis, I can:			
1.			
2.			
3.			
4. Contact Chestnut Crisis Line: 618.877.0316 (Southern Region) / 309.827.5351 (Central Region) or Youth CARES line at 1.800.345.9049			

In order to stay well and continue recovery, turn page.

DIMENSIONS OF WELLNESS

Start with those you want to focus on/daily plans:

1.	Emotional (ways to recognize, express, cope with feelings/emotions)	
	<input type="checkbox"/> Journal	<input type="checkbox"/> Help Others
		<input type="checkbox"/> See a Comedy
	• List your own:	•
	•	•
	•	•
2.	Environmental (ways to feel safe, clean, comfortable and welcome)	
	<input type="checkbox"/> Recycle	<input type="checkbox"/> Clean Room
		<input type="checkbox"/> De-clutter
	•	•
	•	•
	•	•
3.	Financial (ways to meet basic needs, have control/knowledge over our finances)	
	<input type="checkbox"/> Set/Follow Budget	<input type="checkbox"/> Balance Checkbook
		<input type="checkbox"/> Ability to Buy Basic Needs
	•	•
	•	•
	•	•
4.	Intellectual (ways to learn, share and apply skills)	
	<input type="checkbox"/> Write or Read	<input type="checkbox"/> Take a class
		<input type="checkbox"/> Play Games/Puzzles
	•	•
	•	•
	•	•
5.	Occupational/Volunteer/Hobbies (ways to feel satisfied, gives sense of meaning)	
	<input type="checkbox"/> Work/Volunteer	<input type="checkbox"/> School
		<input type="checkbox"/> Start/Continue a Hobby
	•	•
	•	•
	•	•
6.	Physical (ways to get physical activity, healthy foods, and sleep)	
	<input type="checkbox"/> Take a Walk/Exercise	<input type="checkbox"/> Healthy Diet
		<input type="checkbox"/> Gardening
	•	•
	•	•
	•	•
	•	•
7.	Social (ways to feel connected, belonging, supported)	
	<input type="checkbox"/> Join a Club/Support Group	<input type="checkbox"/> Spend Time with Family/Friends
		<input type="checkbox"/> Community Involvement
	•	•
	•	•
	•	•
8.	Spiritual (ways to feel meaning/purpose, peace and balance)	
	<input type="checkbox"/> Pray/Meditate	<input type="checkbox"/> Spend Time in Nature
		<input type="checkbox"/> Attend Church
	•	•
	•	•
	•	•

Client Signature: _____ Date: _____

Client was given a copy of his/her Wellness Plan

WEEKLY TIME SCHEDULE

When filling out your weekly schedule, you should include the following:

- * Time you get up in the morning
- * Time you go to bed at night
- * Meal times
- * Where and when you will be attending AA/NA/CA meetings
- * Where and when you will be contacting your sponsor
- * When you will be going to work
- * If unemployed, when you will be filling out job applications
- * Other appointments (doctor, probation officer, etc.)

You should fill this out in as much detail as you can and for several weeks in advance.

WEEKLY TIME SCHEDULE

Dates:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
6am							
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
12am							