

DON'T JUST SIT THERE, MAKE A PLAN!

PLANNER SHEET

DATE

1. WHAT AM I GOING TO DO?

2. WHEN AM I GOING TO DO IT?

3. WHAT PROBLEMS OR DIFFICULTIES COULD ARISE, AND HOW CAN I OVERCOME THEM?

IS MY PLANNED TASK -

Q. USEFUL FOR UNDERSTANDING OR CHANGING HOW I AM?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Q. SPECIFIC, SO THAT I WILL KNOW WHEN I HAVE DONE IT?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Q. REALISTIC, PRACTICAL AND ACHIEVABLE?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

MY NOTES

PLEASE NOTE: If you are struggling or feel worse, or if at any time you feel suicidal please visit your doctor, go to A+E/the local Emergency department or phone the Samaritans, or national emergency support lines.

