

Wellness

Recovery

Action

Name

Plan

Date.....

This plan is a statement of how I wish to manage and maintain my recovery.

I wish to share this plan with the following people:

-
-
-
-

Develop a WRAP plan

- What do I do each day to **maintain wellness**?
- What are my **triggers**?
- What the **early warning signs** and the plan for each?
- How do I know when things start to **break down** and what I should do?
- What is the **CRISIS** Plan?

Maintaining Wellness

To keep well I need to focus on these areas of my life...

Meals (food & drink)

Physical Exercise

Sleep pattern

Regular Activities

Negative Thinking

Support Networks

Triggers

What are the triggers or events in my life that **may** increase my symptoms or make me feel worse?

-
-
-
-
-

What I can do to prevent things getting worse?

-
-
-
-
-

Early Warning Signs

Signs and symptoms:
How will I and others know?

1.
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2.
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3.
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4.
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5.
.....
6.
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What I must do:

1.
.....
2.
.....
3.
.....
4.
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5.
.....
6.
.....

CRISIS PLANNING

Signs & symptoms indicating that I am unwell:

-
-
-
-

Key actions required (what I must do):

-
-
-
-

Help I need from others:

-
-
-
-

Medication & Treatments

- **Treatments I like or would accept if unwell:
(include alternative therapies)**

✓

✓

✓

✓

- **Where I prefer to be treated:**

✓

✓

- **Treatments I would like to avoid if unwell:
(note any allergies)**

x

x

x

Supporters

List people you want to support you should you become unwell.
You can include family, friends, health & social care professionals.

Name

Address

Phone / Email

Name

Address

Phone / Email

Name

Address

Phone / Email

Name

Address

Phone / Email

Goal Setting

Goal Area	Short Term (Next few weeks)	Mid - Long Term (Next few months)
Self Care (Diet / alcohol / smoking / exercise etc.)		
Activity (Leisure / hobbies / training / work etc.)		
Relationships (Family, friends, social networks)		