

## Safety Plan Template

<b>Warning Signs (thoughts, images, mood, situation) / Things that can be observed by myself or others.</b>					
<b>Symptoms (lack of interest, excessive worry or anxiety, confusion, headaches) / A mental or physical feature caused by an existing problem or situation.</b>					
<b>Coping Skills (exercise, writing, music) / Things to do by myself to take my mind off the problem.</b>					
<b>Supportive people (spouse, friend, family, pet) / A network of people who provide me with practical or emotional help.</b>					
1) <b>Person</b>	<table border="1"><tr><td>Relationship:</td><td></td></tr><tr><td>Phone #:</td><td></td></tr></table>	Relationship:		Phone #:	
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Phone #:					
2) <b>Person</b>	<table border="1"><tr><td>Relationship:</td><td></td></tr><tr><td>Phone #:</td><td></td></tr></table>	Relationship:		Phone #:	
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3) <b>Person</b>	<table border="1"><tr><td>Relationship:</td><td></td></tr><tr><td>Phone #:</td><td></td></tr></table>	Relationship:		Phone #:	
Relationship:					
Phone #:					
<b>Ways that my Support system can help (activities, positive distractions, listening) / Offering assistance to improve a situation or problem.</b>					
<b>Places that provide a distraction (movies, travel, nature) / Something that prevents me from giving full attention to negative emotions.</b>					
<b>What are my strengths (good mannerism, honesty, patience) / Good qualities or positive attributes about myself?</b>					
<b>What are my weaknesses (lack of patience, poor temperament) / Bad qualities or negative attributes about myself?</b>					
<b>Things worth living for (things taken for granted) / Finding meaning and purpose in day to day activities to achieve happiness.</b>					