



# CHARLESTON

CHRISTIAN COUNSELOR

What happened	What I felt	What I thought	

	M	E
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



CHARLESTON  
CHRISTIAN COUNSELOR

## My Prevention and Action Plan

\_\_\_\_\_ Nutrition:

\_\_\_\_\_ Physical Activity:

\_\_\_\_\_ Enjoy:

\_\_\_\_\_ Mastery:

\_\_\_\_\_ Thoughts:

\_\_\_\_\_ Support Groups:

\_\_\_\_\_ Relaxation Exercises:

\_\_\_\_\_ Journaling:

\_\_\_\_\_ Individual counseling:

\_\_\_\_\_ Physical Check-up:

\_\_\_\_\_ Technology:

\_\_\_\_\_ Information Diet: