



Activity Scheduling – At Home Practice Sheet

LIST OF THINGS I CAN DO TO FEEL GOOD: (Pick something I have control over and I can do at least 3 times this week).

1. _____
2. _____
3. _____
4. _____

PLAN FOR SUCCESS: List possible obstacles and how I can **overcome** them.

1. _____
2. _____
3. _____

LIST REMINDERS OR HELP TO DO THE ACTIVITIES:

1. _____
2. _____
3. _____

MY PLAN FOR THIS WEEK

Day/Time	What I will do:	What I did:	How I Felt Before 0-10 (10=best)	How I Felt After 0-10 (10=best)
1				
2				
3				
4				