

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Safety Plan

### 1. My Favorite Things are:

Foods:	Books:
Music:	Art supplies:
Sports:	Games:
Other:	

**1. Calming Strategies:** These are things that help you feel better when you are having a hard time. Please check 5 activities that have worked for you, or that you believe would be most helpful.

Listen to music	Exercise
Read a book or magazine	Pace in the halls
Wrapping in a blanket	Drink a beverage
Write in a journal	Dark room (dimmed lights)
Watch TV	Medication
Talk to staff	Read religious or spiritual material
Talk with peers on the unit	Write a letter
Call a friend or family member	Do artwork (coloring, drawing)
Voluntary time in the comfort room	Take a shower
Other:	

**2. Triggers:** These are things that make you angry or upset.

Being touched	Called names or made fun of
Security in uniform	Being forced to do something
Yelling	Physical force
Loud noise	Being isolated or alone
Contact with person who is upset	Someone lying about my behavior
Being restrained	Being threatened
Being misunderstood	Other:

**3. Signs of distress:** These are things that most describe you when you are getting upset.

Sweating	Clenching teeth
Crying	Not taking care of self
Breathing hard	Running
Yelling	Clenching fists
Hurting others	Swearing
Throwing objects	Not eating
Pacing	Being rude
Injuring self: (Please be specific)	Other:

*This information will be used to help staff understand how to best work with you to keep you safe while in the hospital. Safety checks are done every 15 minutes to make sure you are okay.*