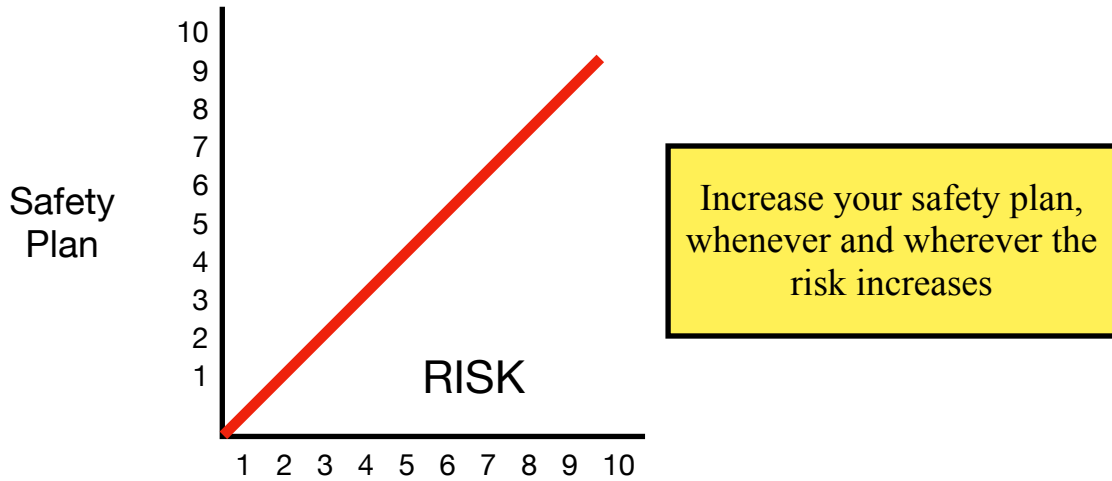


Safety Plan



First, consider your safety plan for day-to-day life: Driving to work, coming home, leaving the house, being alone at home, being in the shower. Rate how risky those activities are for you on a scale from one to ten. Ten being you are highly likely to act out and one being little to no chance of acting out. For example, taking a shower may be an activity that is an 8 for you and being

Daily Activity:

Risk:

Safety Plan:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Now do the same with activities that occur other than daily: trips, holidays, anniversaries, job changes.

_____	_____	_____
_____	_____	_____
_____	_____	_____