

Date: _____

Today I am feeling...

Happy

Loved

Jealous

Shamed

Disgust

Fearful

Sad

Angry

Envious

Guilty

**Today I am grateful for ...
because ...**

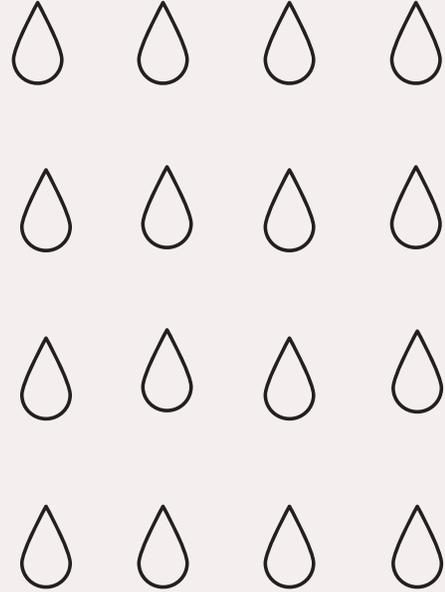
**One thing I am looking
forward to
today/tomorrow...**

Something I did for self-care today was...

Vulnerability Factors

Sleep

Water



Food

Medications/ Supplements

Vulnerability Factors

**Physical
Illness/Injury**

Menstrual Cycle

Exercise

Substances

