

# DAILY SELF-CARE REFLECTION – WORKDAY

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

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

Instructions: For each self-care action below, tick whether you did it today and then tick the outcomes you noticed. If something else happened, write it in the “Other” box.

Self-Care Action	Did I do this today?	Outcome (tick all that apply)
1. Took a proper coffee/tea break	<input type="checkbox"/> Yes	<input type="checkbox"/> Felt more focused at work <input type="checkbox"/> Felt calmer <input type="checkbox"/> Had more energy later <input type="checkbox"/> Other: _____
2. Took a lunch break at a reasonable time	<input type="checkbox"/> Yes	<input type="checkbox"/> Ate dinner at a reasonable time* <input type="checkbox"/> Felt more energetic in the afternoon <input type="checkbox"/> Avoided snacking <input type="checkbox"/> Other: _____
3. Drank enough water during the day	<input type="checkbox"/> Yes	<input type="checkbox"/> Felt less tired <input type="checkbox"/> Felt more alert <input type="checkbox"/> Felt better physically <input type="checkbox"/> Other: _____
4. Went for a short walk or stretched during the day	<input type="checkbox"/> Yes	<input type="checkbox"/> Felt less tense <input type="checkbox"/> Felt more refreshed <input type="checkbox"/> Improved mood <input type="checkbox"/> Other: _____
5. Took time for exercise/gym after work	<input type="checkbox"/> Yes	<input type="checkbox"/> Felt stronger <input type="checkbox"/> Felt happier <input type="checkbox"/> Relaxed more easily <input type="checkbox"/> Other: _____

## Personal Reflections

Describe what you want to add, remove or replace...