

Self-Care Planner

DATE: _____ MONTH: _____ YEAR: _____

THINGS THAT MADE ME HAPPY TODAY

- _____
- _____
- _____
- _____

SELF-CARE ACTIVITIES

- _____
- _____
- _____
- _____
- _____

WATER INTAKE



TODAY'S MOOD



DAILY NUTRITION

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

HABITS TO START

- _____
- _____
- _____
- _____
- _____

HABITS TO STOP

- _____
- _____
- _____
- _____
- _____