



(Daily)

DATE ____ / ____ / ____

SELF-CARE

S M T W T F S

CHECKLIST

- | | |
|---|--|
| <input type="checkbox"/> MAKE YOUR BED | <input type="checkbox"/> TAKE A LONG BATH |
| <input type="checkbox"/> TAKE YOUR MEDICATIONS & VITAMINS | <input type="checkbox"/> DO A FACE MASK |
| <input type="checkbox"/> SKINCARE ROUTINE | <input type="checkbox"/> CALL A FRIEND OR FAMILY |
| <input type="checkbox"/> HEALTHY MEALS | <input type="checkbox"/> MEDITATION |
| <input type="checkbox"/> GO FOR A WALK | <input type="checkbox"/> WATCH A MOVIE |
| <input type="checkbox"/> CLEANING HOUSE | <input type="checkbox"/> CUDDLE A PET OR HUMAN |
| <input type="checkbox"/> WASHING CLOTHES | <input type="checkbox"/> TRY A NEW RESTAURANT |
| <input type="checkbox"/> LISTEN TO MUSIC | <input type="checkbox"/> MAKE TIME TO READ |
| <input type="checkbox"/> HAVE A POWER NAP | <input type="checkbox"/> TRY A NEW RECIPE |
| <input type="checkbox"/> SOCIAL MEDIA BREAK | <input type="checkbox"/> NO PHONE 30 MINS BEFORE BED |

WORKOUT

- | | | |
|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> CARDIO | <input type="checkbox"/> WEIGHT | <input type="checkbox"/> YOGA |
| <input type="checkbox"/> STRETCH | <input type="checkbox"/> REST DAY | <input type="checkbox"/> OTHER |

HOURS OF SLEEP (Hours)

1 2 3 4 5 6 7 8

WATER BALANCE (Glass)

1	2	3	4	5	6	7	8

MOOD

ANGRY	TIRED	SAD	GREAT	FUN

THINGS THAT
MAKE ME
HAPPY TODAY

