

DATE _____ / _____ / _____

SELF-CARE

S M T W T F S

DAILY CHECKLIST

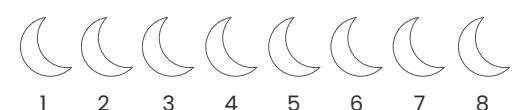
<input type="checkbox"/> MAKE YOUR BED	<input type="checkbox"/> TAKE A BATH / SHOWER
<input type="checkbox"/> TAKE YOUR MEDICATIONS & VITAMINS	<input type="checkbox"/> MAKE A HEALTHY MEAL
<input type="checkbox"/> HAVE A WASH	<input type="checkbox"/> CALL OR VISIT A FRIEND OR FAMILY
<input type="checkbox"/> EAT BREAKFAST	<input type="checkbox"/> MEDITATION / MINDFULNESS
<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"/> GO FOR A COFFEE
<input type="checkbox"/> LISTEN TO MUSIC	<input type="checkbox"/> READ A BOOK
<input type="checkbox"/> HAVE A POWER NAP	<input type="checkbox"/> DO SOME BAKING
<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)

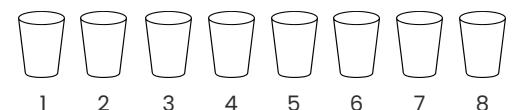


THINGS THAT MAKE ME HAPPY TODAY



WATER BALANCE

(Glass)



MOOD

