

(Daily) SELF-CARE

DATE ____ / ____ / ____

S M T W T F S

C H E C K L I S T

- | | |
|---|--|
| <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"/> ACHIEVE 10,000 STEPS |
| <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"/> WEIGHTS | <input type="checkbox"/> YOGA |
| <input type="checkbox"/> PILATES | <input type="checkbox"/> REST DAY | <input type="checkbox"/> OTHER |

THINGS THAT MAKE ME HAPPY
TODAY:

HOURS OF SLEEP (Hours)



WATER BALANCE (Glass)



MOOD

