

SELF-CARE PLANNER

MY SELF-CARE ACT

DATE:

TODAY'S FOCUS

LIST OF PRIORITIES



PERSONAL REMINDER

SELF-CARE PROCESSES

THINGS I DO TO PROCESS MY FEELING:

THINGS I SAY TO GROW MY CONFIDENCE:

THINGS I DO TO KEEP MYSELF BUSY:

SELF-CARE GRATITUDE

THINGS I AM
GRATEFUL FOR...

THINGS I AM
CAPABLE OF...

NOTE

30-DAY SELF-CARE CHALLENGE

<input type="checkbox"/> TAKE A NAP	<input type="checkbox"/> WATCH THE SUNSET	<input type="checkbox"/> ACCEPT HELP	<input type="checkbox"/> MAKE A SCRAPBOOK	<input type="checkbox"/> PAMPER YOURSELF
<input type="checkbox"/> DRINK MORE WATER	<input type="checkbox"/> GO GET A HAIRCUT	<input type="checkbox"/> FLY A KITE	<input type="checkbox"/> CREATE A PLAYLIST	<input type="checkbox"/> PAINT A PICTURE
<input type="checkbox"/> LISTEN TO A PODCAST	<input type="checkbox"/> HAVE A GAME NIGHT	<input type="checkbox"/> TRY A NEW RECIPE	<input type="checkbox"/> MAKE A DOODLE	<input type="checkbox"/> HAVE A GOOD LAUGH
<input type="checkbox"/> TRACK A HABIT	<input type="checkbox"/> TALK TO A STRANGER	<input type="checkbox"/> GO CANDLE SNIFFING	<input type="checkbox"/> START A CHALLENGE	<input type="checkbox"/> GO FOR A HIKE
<input type="checkbox"/> TRY TO DO YOGA	<input type="checkbox"/> GO TO BED EARLY	<input type="checkbox"/> MEDITATE OR PRAY	<input type="checkbox"/> WRITE IN A JOURNAL	<input type="checkbox"/> PRACTICE SAYING NO
<input type="checkbox"/> LEARN A NEW SKILL	<input type="checkbox"/> PLANT A GARDEN	<input type="checkbox"/> VISIT A MUSEUM	<input type="checkbox"/> WATCH A MOVIE	<input type="checkbox"/> GO FOR A WALK