

Self Care Journal

DATE: _____

S M T W T F S

MY GOALS FOR TODAY

- _____
- _____
- _____
- _____
- _____

MEAL PLANNER

B	L	D

SLEEP TRACKER

SLEPT FROM: _____ TO: _____

TOTAL HOURS SLEPT: _____

WATER INTAKE



MY MOOD THIS MORNING



SELF CARE ACTIVITIES

- _____
- _____
- _____
- _____

EXERCISE TRACKER

- _____
- _____
- _____
- _____
- _____
- _____

OTHER ACTIVITIES

- _____
- _____
- _____
- _____

I'M GRATEFUL FOR

Reflections

TODAY I FELT

- ENERGIZED** _____
- WELL-RESTED** _____
- STRONG** _____
- TIRED** _____
- RELAXED** _____

- STRESSED** _____
- WEAK** _____
- _____
- _____
- _____

MY MOOD THIS EVENING



NOTES

THINGS THAT MADE ME FEEL RELAXED

THINGS THAT MADE ME FEEL STRESSED

THINGS I DID FOR MYSELF
