## Self Care Checklist

Date:	



Mood	Weather	Meals	Water Intake		
	0899	1 2 3			
♥ Did you interact with people today? YES NO					
→ If you did, how full is your social battery? NEARLY FULL HALF-EMPTY DRAINED					
₩ How much time did you spend on your phone?					
♥ Did you exercise? YES NO					
→ If you did, for how long?					
→ What was your activity?					
♥ Did you take a nap? YES NO					
₩ How is your appetite? GOOD FINE BAD					
♥ Did you eat enough today? YES NO					
₩ What did you eat for meals?					
₩ How does your body feel? DESCRIBE YOUR PHYSICAL HEALTH					
● Did you take your medications as prescribed? YES NO I DON'T HAVE ANY PRESCRIPTIONS					
List your medications:					
List your medication	is.				