

# Self Care Checklist

Date: \_\_\_\_\_

(S) (M) (T) (W) (T) (F) (S)

Mood	Weather	Meals	Water Intake
   	   	(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?

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♥ How does your body feel? DESCRIBE YOUR PHYSICAL HEALTH

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♥ Did you take your medications as prescribed? YES NO I DON'T HAVE ANY PRESCRIPTIONS

♥ List your medications:

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