Date: __________________________

Key events today: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Mood Today: 😊😊😊😊😊

Key feelings today: ____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Did I practice self-care today?  YES  /  NO

Put a check mark next to the types of self-care activities you engaged in today.
☐  Physical Self-Care    ☐  Emotional Self-Care
☐  Social Self-Care      ☐  Spiritual Self-Care

What self-care activity/activities helped the most today?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Tomorrow, my self-care activity will be: ________________________________________
__________________________________________________________________________

Today I am surprised or encouraged by _________________________________________

Today I miss / grieve / am sad about ___________________________________________

Today I am grateful for _______________________________________________________