

A Moment of Reflection

a daily wellbeing check-in

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.
- | | |
|---|--|
| <input type="checkbox"/> Physical Self-Care | <input type="checkbox"/> Emotional Self-Care |
| <input type="checkbox"/> Social Self-Care | <input type="checkbox"/> 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 _____