

Self-Care Planner

WEEK OF: _____

PHYSICAL

- | | |
|---|---|
| <input type="checkbox"/> 8 hours of sleep | <input type="checkbox"/> Healthy meals |
| <input type="checkbox"/> 8 glasses of water | <input type="checkbox"/> Stretch / yoga |
| <input type="checkbox"/> 30 min of movement | <input type="checkbox"/> Outdoor time |

EMOTIONAL

- | | |
|---|---|
| <input type="checkbox"/> Journal | <input type="checkbox"/> Connect with a friend |
| <input type="checkbox"/> Meditate | <input type="checkbox"/> Do something creative |
| <input type="checkbox"/> Therapy / counseling | <input type="checkbox"/> Time alone to recharge |

MENTAL

- | | |
|---|--|
| <input type="checkbox"/> Read for fun | <input type="checkbox"/> Learn something new |
| <input type="checkbox"/> Limit news consumption | <input type="checkbox"/> Single-task (no multitasking) |
| <input type="checkbox"/> Practice gratitude | |

SOCIAL

- | | |
|---|--|
| <input type="checkbox"/> Quality time with loved ones | <input type="checkbox"/> Help someone |
| <input type="checkbox"/> Reach out to old friend | <input type="checkbox"/> Say no to one thing |
| <input type="checkbox"/> Set healthy boundaries | |