

WEEKLY SELF CARE CHECKLIST

TASKS	SUN	MON	TUE	WED	THUR	FRI	SAT
SHOWERED & BRUSHED TEETH	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
CHOSE A GOAL TO FOCUS ON	\bigcirc	0	0	0	0	0	0
REPEATED AN AFFIRMATION	0	0	0	0	0	0	0
CHALLENGED NEGATIVE THOUGHTS	0	0	0	0	0	0	0
GOT OUTSIDE	\bigcirc	0	0	0	0	0	0
WAS ACTIVE FOR MIN. 20 MINUTES	\bigcirc	0	0	0	0	0	0
PRACTICED MINDFULNESS	\bigcirc	0	0	0	0	0	0
TOOK TIME TO DO SOMETHING I LIKE	\bigcirc	0	0	\bigcirc	0	0	0
PRACTICED A BREATHING TECHNIQUE	0	0	0	0	0	0	0
HAD NOURISHING MEALS	0	0	0	0	0	0	0
WATCHED AND MINIMIZED MY CAFFEINE INTAKE	0	0	0	0	0	0	0
STAYED HYDRATED (8 CUPS OF WATER)	0	0	0	Ο	0	0	0
ATTENDED RECOVERY MEETING	0	0	0	Ο	0	0	0
TOOK DAILY MEDICATIONS	0	0	0	0	0	0	0
ATTENDED THERAPY	Ο	0	0	0	0	0	0