# My Self Care Check In

Over the last two weeks, how well have I looked after each area? 0 = not at all, 10 = really well.

Name: _____ Date: _____

## ☐ Body

Sleep, food, water, movement, medication, check ups

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

## ☐ Mind

Screen breaks, learning, quiet, unhelpful thoughts

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

## ☐ Emotions

Naming feelings, journaling, coping skills, therapy

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

## ☐ People

Connection, asking for help, limits with draining people

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

## ☐ Purpose

Values, nature, creativity, faith if it fits you

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

## ☐ Practical life

Money, home, work boundaries, planning the week

0 1 2 3 4 5 6 7 8 9 10

One small thing that would help: _____

Tick the box next to the two areas that need the most care right now.

**My early warning signs (I know I am running low when...)**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

**What has helped me before, even a little**

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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# My Self Care Plan

Small and specific beats big and vague. Pick actions you could still do on a tired day.

Name: _____ Date: _____

## Three daily basics I protect, even on bad days

1. _____ 2. _____ 3. _____

| Area | My small action (what, when, how often) | Likely barrier | My workaround |
|---|---|---|---|
| Body | | | |
| Mind | | | |
| Emotions | | | |
| People | | | |
| Purpose | | | |
| Practical life | | | |

## My stop list: what I will do less of

_____

_____

_____

_____

## People I can reach out to

Name: _____ Ask for: _____

Name: _____ Ask for: _____

Name: _____ Ask for: _____

## When self care is not enough

I will contact a professional if: _____

My doctor or therapist: _____

Signs I need more support than self care can give:

_____

_____

A kind thing I will tell myself on a hard day:

_____

**In crisis: call or text 988 (Suicide and Crisis Lifeline). In an emergency: call 911.**

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# Weekly Self Care Tracker

Write your actions on the left. Tick a box each day you do one. Missed days are information, not failure.

**Week of:** _____

| My self care action | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Energy today**<br>1 = empty<br>5 = full | 5<br>4<br>3<br>2<br>1 | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ | ○<br>○<br>○<br>○<br>○ |

## Weekly review

**What helped most this week:**

_____

_____

**What got in the way:**

_____

_____

**One thing I will keep, drop or change next week:**

_____

_____

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