

# Self-Care Planner

DATE: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

## THINGS THAT MADE ME HAPPY TODAY

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## SELF-CARE ACTIVITIES

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## WATER INTAKE



## TODAY'S MOOD



## DAILY NUTRITION

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

## HABITS TO START

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## HABITS TO STOP

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_