Self-Care Checklist

A realistic weekly check-in across four areas of care.

A MOMENT FOR YOURSELF

Care is not a competition. Check what happened, not what you think you should have done.



WEEK OF _____

Tick a box on any day you tried something supportive. All actions are optional.

SUPPORTIVE ACTION	MON	TUE	WED	THU	FRI	SAT	SUN
REST Took a pause or short break	☐	☐	☐	☐	☐	☐	☐
REST Made time to wind down	☐	☐	☐	☐	☐	☐	☐
NOURISH Had water through the day	☐	☐	☐	☐	☐	☐	☐
NOURISH Ate something nourishing	☐	☐	☐	☐	☐	☐	☐
MOVE Moved in a comfortable way	☐	☐	☐	☐	☐	☐	☐
MOVE Stretched or respected my limits	☐	☐	☐	☐	☐	☐	☐
CONNECT Connected with a safe person	☐	☐	☐	☐	☐	☐	☐
CONNECT Made time for myself	☐	☐	☐	☐	☐	☐	☐

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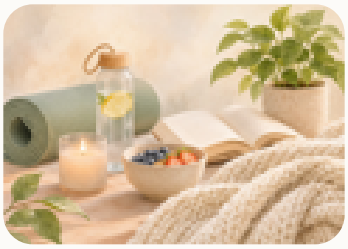
ONE SMALL THING I DID FOR MYSELF THIS WEEK

CONTINUE YOUR PRACTICE

Weekly Self-Care Reflection

Make a plan that fits your time, energy, and circumstances.



HOW DID THIS WEEK FEEL?

Overall energy: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 1 = very low 5 = very high

One word to describe this week: _____

ONE GENTLE ACTION TO TRY NEXT WEEK

REST

What would make rest more possible?

NOURISHMENT

What would support food or hydration?

MOVEMENT

What movement or pause feels doable?

CONNECTION

Who or what helps me feel supported?

IF THINGS GET DIFFICULT

What is one smaller version of your plan? Who or what could help?

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