

Daily Self-Care Checklist

Date: _____

Please take a moment at the end of the day to reflect on this checklist and note any thoughts or observations that can help you continue to tailor your self-care practices to your needs and experiences.

Physical Health:

- 1.
- 2.
- 3.
- 4.
- 5.

Mental & Emotional Health:

- 1.
- 2.
- 3.
- 4.
- 5.

Social Self-Care:

- 1.
- 2.
- 3.
- 4.
- 5.

Spiritual Self-Care:

- 1.
- 2.
- 3.
- 4.
- 5.

Professional Self-Care:

- 1.
- 2.
- 3.
- 4.
- 5.

Comments & Observations:

- Today's Achievements:

- Areas for Improvement:

- General Feelings or Observations:

- Additional Notes:
