

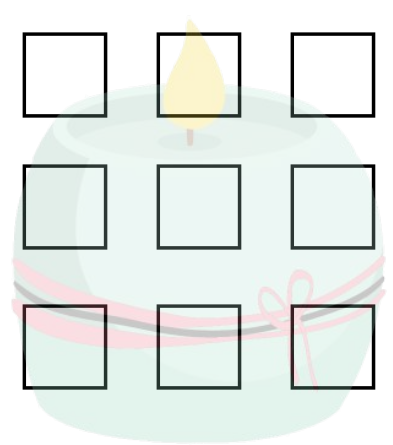


Self-Care PLANNER



self-care CHECKLIST

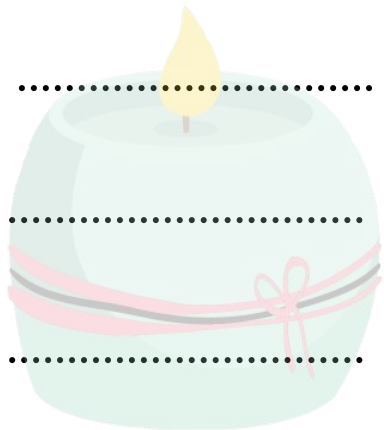
| | S | M | T | W | T | F | S |
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| Eat Healthy Breakfast | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Journal My Thoughts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan For The Day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stretch Body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drink Enough Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take a Walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Let Go of Perfection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take A Hot Shower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get Enough Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Take A Power Nap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



self-care CHECKLIST

S **M** **T** **W** **T** **F** **S**

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28 DAY *self-care* CHALLENGE

| | | | |
|--|--|--|----------------------------------|
| 1 Sleep in fresh bed sheets | 2 Treat yourself to flowers | 3 Create a Pinterest board of favorite recipes | 4 Invite a friend over |
| 5 Meditate | 6 Compliment yourself and someone else | 7 Dance like no one is watching | 8 Try something new |
| 9 Take yourself out to lunch | 10 Bake a cake | 11 Take a relaxing hot bath or shower | 12 Go for a long walk |
| 12 Read a book | 14 Start a journal | | |

28 DAY *self-care* CHALLENGE

15

Do something creative

16

Be a good neighbor

17

Celebrate a win

18

Light a candle

19

Eat healthy

20

Spend time outdoors

21

Visit somewhere new

22

Watch the sunrise

23

Listen to music

24

Do some yoga

25

Tidy a closet

26

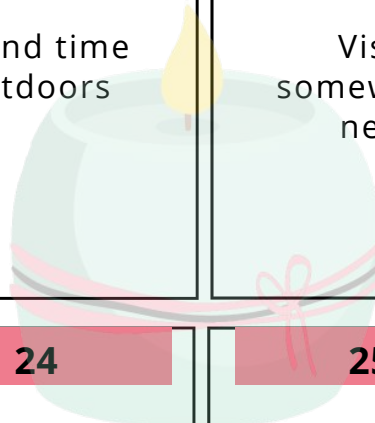
Make a fancy breakfast

27

Go on a hike

28

Have a pajama day



WEEKLY *self-care* PLAN

TO DO LIST

S **M** **T** **W** **T** **F** **S**

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NOTES

WEEKLY PLAN



self-care GOALS

LONG-TERM



MONTHLY

WEEKLY

self-care GOALS

DAILY

DAILY

NOTES

Notes area with a decorative candle illustration on the right side.



self-care GOALS

DAILY

DAILY

NOTES

Notes area with a decorative candle illustration on the right side.



self-care GOALS

DAILY

DAILY

NOTES

Notes area with a candle illustration on the right.



self-care GOALS

DAILY

DAILY

NOTES

Notes area with a candle illustration on the right.



self-care PLANS

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

PRIORITIES:



SUNDAY:

self-care PLANS

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

PRIORITIES:



SUNDAY:

self-care PLANS

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

PRIORITIES:



SUNDAY:

self-care PLANS

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

PRIORITIES:



SUNDAY:
