

# 33 Self-Care Ideas

## SELF-CARE IS

- self love
- essential
- a priority
- good for your mind, body & soul

## SELF-CARE IS NOT

- selfish
- optional
- secondary to everything else
- only about bath bombs & spa days

## MIND

1. brain dump
2. art / creative expression
3. declutter
4. social media detox
5. read/ watch show
6. plan goals
7. mindfulness
8. breaks during work
9. self discovery
10. learn new skill/research

## BODY

11. yoga
12. stretching/ PMR
13. drink water
14. eat healthy foods
15. exercise
16. mindful shower
17. rest/sleep
18. brush/floss
19. personal hygiene
20. comfortable clothes
21. bath salts
22. gardening

## SOUL

23. time in nature
24. burn a beeswax candle
25. meditation
26. experience awe
27. journal
28. aromatherapy
29. gratitude exercise
30. music
31. acts of kindness
32. inspirational content
33. do nothing

# Self-Care Ideas

SELF-CARE IS

SELF-CARE IS NOT

MIND

BODY

SOUL

# Weekly Self-Care Checklist

## WEEKLY GOALS:

- exercise 4x a week
- yoga, meditation every day
- read 3 chapters of my book
- bath time, pedicure

## WEEK:

3/6 - 3/12

	S	M	T	W	T	F	S
<u>ate healthy</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>drank enough water</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>exercised</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>meditated/prayed/quiet time</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>spent time in nature</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>got enough sleep</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>repeated an affirmation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>learned/tried something new</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>breathing or gratitude exercises</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>used items from my self care kit</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

## NOTES

# Weekly Self-Care Checklist

WEEKLY GOALS:

WEEK:

S M T W T F S

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NOTES

# Daily Self-Care Checklist

TODAY I FEEL:

(circle or highlight  
all that apply)

happy - sad - angry - excited - meh -  
motivated - pensive - scared - bored - peaceful  
- lonely - worried - stressed out - tired

DAY:

Monday

ate healthy



drank enough water



exercised



meditated/prayed/quiet time



spent time in nature



got enough sleep



repeated an affirmation



learned/tried something new



breathing or gratitude exercises



used items from my self care kit



NOTES

# Daily Self-Care Checklist

TODAY I FEEL:

(circle or highlight  
all that apply)

happy - sad - angry - excited - meh -  
motivated - pensive - scared - bored - peaceful  
- lonely - worried - stressed out - tired

DAY:

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NOTES

# Self-Care Assessment page 1

(Check the box that describes how often you do each self-care activity)

REGULARLY    SOMETIMES    NOT AT ALL    WOULD LIKE TO IMPROVE

<u>eat healthy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>drink enough water</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>exercise</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>meditate/pray/quiet time</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>spend time in nature</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>get enough sleep</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>repeat affirmations</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>learn/try something new</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>breathing exercises</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>gratitude exercises</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>use self care kit</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

# Self-Care Assessment page 2

(Check the box that describes how often you do each self-care activity)

REGULARLY    SOMETIMES    NOT AT ALL    WOULD LIKE TO IMPROVE

<u>practice good hygiene</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>brush &amp; floss teeth</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>hobbies/creative outlets</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>journal</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>go to medical appts.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>digital detox</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>aromatherapy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ask for help when needed</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>take breaks during work</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>read books/watch movies</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>listen to music</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES



# Self-Care Assessment page 3

(Check the box that describes how often you do each self-care activity)

REGULARLY    SOMETIMES    NOT AT ALL    WOULD LIKE TO IMPROVE

random acts of kindness

burn a beeswax candle

stretch

skin care

do nothing/quiet time

## YOUR SCORE

(Enter the number of times you checked Regularly, Sometimes, Not at All, and Would Like to Improve)

REGULARLY

SOMETIMES

NOT AT ALL

WOULD LIKE TO IMPROVE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES

# Self-Care Assessment

(Check the box that describes how often you do each self-care activity)

REGULARLY    SOMETIMES    NOT AT ALL    WOULD LIKE  
TO IMPROVE

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTES

# Self-Care Assessment

(Check the box that describes how often you do each self-care activity)

REGULARLY    SOMETIMES    NOT AT ALL    WOULD LIKE TO IMPROVE

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR SCORE

(Enter the number of times you checked Regularly, Sometimes, Not at All, and Would Like to Improve)

REGULARLY

SOMETIMES

NOT AT ALL

WOULD LIKE TO IMPROVE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTES

# 5 Relaxation Techniques

## **PROGRESSIVE MUSCLE RELAXATION (PMR)**

Sit comfortably or lie down in a quiet place. Inhale while tensing up one muscle group for 5-10 seconds (for example, your arms). Exhale while releasing the tension. Continue until you have targeted all muscle groups in the body, including your face.

## **MINDFULNESS**

There are many ways to incorporate mindfulness into your everyday life. Simply slow down, clear your mind and be present during activities such as walking outside, doing the dishes and taking a shower. Acknowledge and then gently push away any thoughts, allowing yourself to live in the moment.

## **BREATHING**

You can do breathing exercises just about anywhere for instant stress relief. One technique used by the US Navy Seals is called "box breathing". To do it, simply inhale for 4 seconds, hold for 4 seconds, exhale for 4 seconds, and then sit with no air for 4 seconds. Repeat for at least 5 minutes.

## **YOGA**

Yoga has so many physical, mental and spiritual benefits, including that it lowers blood pressure, reduces cortisol, helps regulate breathing and improves bodily awareness. Some poses that are particularly effective for relaxation are: child's pose, cobra, cat/cow, legs up the wall, and downward-facing dog.

## **5-4-3-2-1**

Sensory awareness helps to ground you and bring you fully into the present moment. If you feel overwhelmed, try doing the 5-4-3-2-1 method while taking deep breaths. Look around you and name 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste.

# 5 Relaxation Techniques

A large, empty rectangular box with a double-line border and arrowheads at each corner, intended for writing the first relaxation technique.A large, empty rectangular box with a double-line border and arrowheads at each corner, intended for writing the second relaxation technique.A large, empty rectangular box with a double-line border and arrowheads at each corner, intended for writing the third relaxation technique.A large, empty rectangular box with a double-line border and arrowheads at each corner, intended for writing the fourth relaxation technique.A large, empty rectangular box with a double-line border and arrowheads at each corner, intended for writing the fifth relaxation technique.

# Stress Tracker

4= Very High  
3= High

2= Moderate  
1= Low

MONTH:  
March

WEEK:

S M T W T F S

3/6 - 3/12

3 4 3 2 4 3 1

3/13 - 3/19

4 4 2 2 3 1 2

3/20 - 3/26

3 3 3 4 2 4 2

3/27 - 4/2

2 3 3 2 1 1 1

■ ■ ■ ■ ■ ■ ■

Stressor

Stress Level  
(before)

Self-Care Activity

Stress Level  
(after)

Work

4

Yoga, deep breathing

2

Being around people

3

Alone time, meditation

1

Can't sleep

3

Aromatherapy bath

1

Social media

2

Detox, time in nature

1

# Stress Tracker

4= Very High  
3= High

2= Moderate  
1= Low

MONTH:

WEEK:

S M T W T F S

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stressor

Stress Level  
(before)

Self-Care Activity

Stress Level  
(after)


# Self-Care Tracker

WEEK:

3/6-3/12

SELF-CARE ACTIVITIES

Monday

aromatherapy, cooked healthy dinner, exercise

Tuesday

cancelled plans, watched TV, yoga

Wednesday

limited interaction w/toxic person, exercise

Thursday

drank herbal tea (mindfully) instead of coffee

Friday

volunteered at animal shelter, gratitude journal

Saturday

cleaned, decluttered, brain dump, yoga/meditation

Sunday

bought myself an organic self-care box ♥

MONTHLY GOALS:

- gratitude journal 1x a week
- exercise 4x week
- set boundaries / do not overextend myself



# Self-Care Tracker

WEEK:

SELF-CARE ACTIVITIES

Monday

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Tuesday

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Wednesday

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Thursday

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Friday

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Saturday

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Sunday

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MONTHLY GOALS:

## Healthy Self-Care Habits

## Unhealthy Habits/ Things to Avoid

yoga & exercise

not getting enough sleep

meditation, deep breathing

smoking, drug abuse

drinking water, herbal tea

drinking alcohol, not hydrating

baking, gardening, painting

toxic/draining people

saying "no", setting boundaries

overextending yourself

reading, prayer, gratitude

complaining, negativity

## WARNING SIGNS OF TOO MUCH STRESS

- irritability
- fatigue
- shallow/labored breathing
- eye twitches
- tight/sore muscles
- upset stomach
- memory problems
- trouble concentrating
- headaches
- feeling overwhelmed

*Healthy Self-Care Habits*

*Unhealthy Habits/  
Things to Avoid*

**WARNING SIGNS OF TOO MUCH STRESS**

# Self-Care Reminders

## QUOTES & POSITIVE AFFIRMATIONS

Nourish to flourish

I love myself unconditionally

You can't pour from an empty cup

I honor my commitments to myself

Put your own oxygen mask on first

I focus my attention on  
the here and now

Self-care is not selfish

I am worthy of care & compassion

## Things I'm Grateful For

Animals / my pets

Being able to work from home

My family & friends

Healthy, delicious food, clean water

A safe place to live

Wisdom gained from past mistakes

My health & my body

Spiritual growth/improvement

Freedom

Nature

# Self-Care Reminders

QUOTES & POSITIVE AFFIRMATIONS

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## Things I'm Grateful For

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