

SELF-CARE PLAN

Month | _____

Week | _____

HONOR. OWN. NURTURE. EMPOWER YOU!

PHYSICAL

SPIRITUAL

EMOTIONAL

SOCIAL

MENTAL

AFFIRMATIONS

FEELINGS

COPING SKILLS

- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____
- _____ _____

HABIT TRACKER

	M	T	W	T	F	S	S
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THOUGHTS

