

Daily Planner and Self Care Checklist

_____, 20____

- AM Routine
 Vitamins / Meds
 Planned Workout

SCHEDULE

6am
6:30
7am
7:30
8am
8:30
9am
9:30
10am
10:30
11am
11:30
12pm
12:30
1pm
1:30
2pm
2:30
3pm
3:30
4pm
4:30
5pm
5:30
6pm
6:30
7pm
7:30
8pm
8:30
9pm
9:30
10:pm
EVENING REFLECTION:
<input type="checkbox"/> PM Routine <input type="checkbox"/> Skin Routine <input type="checkbox"/> Shower

Today's Mantra:

Today's Gratitude:

Today's Top 3 Goals:

Today's To-Do List

Self-Care:

Affirmation
 Meditation: (_____ minutes today)
 Exercise: (_____ minutes today)
 Meal Log
 Mood: (_____ mood today)
 Steps: (_____ steps today)
 Daily Reflection
 Breathing Exercise
 Hydration: 

