

# Daily Self Check-In

Rate your emotions and physical symptoms by filling in a box each day of the month with the appropriate color. At the end of the month, if your chart contains too much orange or red, consider speaking with your healthcare provider to develop a plan.

Month: \_\_\_\_\_

## Emotions Tracker

<b>Frustration</b>																								
<b>Irritability</b>																								
<b>Sadness</b>																								
<b>Motivation</b>																								
<b>Stress</b>																								
<b>Anxiousness</b>																								
<b>Depression</b>																								

None
 Low
 Moderate
 High
 Severe

## Physical Tracker

<b>Tiredness</b>																								
<b>Insomnia</b>																								
<b>Hypersomnia</b>																								
<b>Headache</b>																								
<b>Body Aches</b>																								
<b>Restlessness</b>																								
<b>Nausea</b>																								

None
 Low
 Moderate
 High
 Severe

## Reflections

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# Healthy Acceptance Worksheet

MY MAIN FOCUS:

I'M WORRIED ABOUT:

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WORST POSSIBLE OUTCOME:

BEST CASE SCENARIO:

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IS THIS OUT OF MY CONTROL?  YES  NO

IF YES:

IF NO:

What can I focus on instead?

How can I improve the outcome?

TO REDUCE STRESS, I WILL:

- Meditate for \_\_\_\_\_ minutes
- Eat a healthy meal \_\_\_\_\_
- Workout for \_\_\_\_\_ minutes
- \_\_\_\_\_
- \_\_\_\_\_

# Self-Care Calendar

Practice self-kindness by doing something you enjoy each day. Fill in the empty squares with your favorite activities and check them off based on your schedule.

Month: \_\_\_\_\_

Have your favorite treat.		Watch a TED talk.		Turn off your phone for one hour.
	Take a 15-minute meditation break.		Give yourself a compliment.	
Buy yourself something you've been wanting.		Hangout with a friend.		Watch your favorite movie.
	Celebrate a small victory.		Declutter your desk or work area.	
Try a new workout or skill.		Do a random act of kindness for someone else.		Write five things you're grateful for.
	Take a leisurely walk.		Have a pamper treatment of your choice.	

# Daily Focus Plan

*Things I must get done:*

<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"/>	

*Things that can wait:*

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

*Things I can delegate:*

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

*My main goal today is:*

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*My biggest distraction or obstacle will probably be:*

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*I will feel accomplished if I:*

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