

My Self-Care

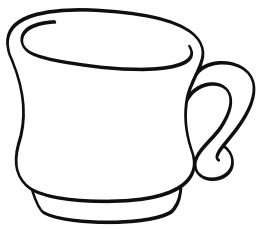
Date _____

Mo Tu We Th Fr Sa Su

1. What is my mood in this moment?

Great Good Okay Not good Awful

2. How full is my cup?



— Full
— Half full/half empty
— Empty

3. Three things that nourish my soul and bring me joy:

4. One fun thing I want to make time for in 2025 is:

5. My body feels:

Great Good Okay

Approx. hours of sleep:

Approx. time of movement:

Is my belly satisfied? YES NO

6. Today I am grateful for:

7. My barriers to practicing self-care are:

8. Ways I can overcome my barriers are:

9. How am I feeling after this exercise?

Great Good Okay Not good Awful

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Notes

