

Self Care Ideas and Schedule Templates
from MHAS



# Self-Care Ideas For The Morning

- Write a to-do list (with action steps)
- Make your bed
- Wash your face and use a moisturizer for your skin
- Listen to a guided minute meditation
- Do some stretches
- Put on your favorite music
- Drink a glass of water
- Focus on your breath
- Drink some hot tea
- Take a shower
- Exercise
- Energizing Yoga
- Go for a morning walk
- Sit in silence
- No technology for the first hour of the day
- Make yourself your favorite breakfast
- Wear your favorite outfit
- Do your hair/makeup

# Self-Care Ideas For The Evening

- Light a candle
- Read a book
- Write a to-do list for the next day
- Take a hot shower
- Take a warm bubble bath
- Make yourself some nighttime tea
- Watch an inspiring, funny, or educational video
- Early bedtime
- Turn off all electronics an hour before bed
- Wash your face, find a skincare routine that works for you
- Brush your teeth
- Write a gratitude list
- Unfollow social media accounts that no longer serve a positive purpose
- Write out a goal list for the week/month
- Identify something you can do for your future self
- Identify something kind you can do for someone else
- Stretch your body
- Calming Yoga

## Self-Care Ideas For Everyday

- Create a relaxing bedtime routine
- Take a walk to decompress from the day
- Read a book
- Spend time outside
- Start a new hobby
- Connect with someone from your support system
- Make a list of things that bring you joy
- Engage in at least one activity each day that brings joy
- Limit time spent watching/reading the news
- Listen to an uplifting podcast
- Clean/organize your space
- Take scheduled breaks from work
- Stay hydrated at eat well
- · Rest when needed
- Develop a self-care toolkit
- Find lightness and humor throughout the day
- · Ask for help if needed
- Look for the positives in situations

## Positive Affirmations

- **♣I** am capable
- **4**I am important
- **∔**I am worthy
- **≠**I am enough
- **♣**I am happy
- **♣**I am healthy
- ♣I am thankful
- **♣**I am beautiful
- **4**I am confident
- **≠**I am unique
- **∔I** am strong

- ♣I am valuable
- **♣I** am creative
- **∔**I am fun
- **≠**I am enough
- **↓**I am courageous
- **4**I am a good friend
- **♣I** am kind
- **4**I am persistent
- **4** I am caring
- **∔**I am important
- ♣I am fabulous



| Day | of | the | week | :Monday | <b>y</b> |
|-----|----|-----|------|---------|----------|
|     |    |     |      |         |          |

#### Self-Care checklist for the morning

- \* Make Bed
- \* Wash and moisturize my face
- ★ Drink water
- o Stretch
- Meditate
- o Go for a walk

#### Self-Care checklist for the evening

- \* Make some tea
- o Light a candle
- 🗶 Read a book
- \* Wash and moisturize my face
- 💥 Watch an inspiring video

#### To-Do List:

- \* Check emails
- o Workout
- \* Meal Prep

Time Management

- \* Laundry
- ★ Schedule Dr appointment

What felt most difficult for the day?

|                               | _    |
|-------------------------------|------|
| What was a positive about tod | lay? |
| Meditation helped me feel     |      |
| <u>calmer</u>                 |      |
| Today's Affirmation:          |      |



I am capable



| Self-Care checklist for the morning               | To-Do List:                           |
|---|---------------------------------------|
| 0   | 0                                     |
| 0   | 0                                     |
| 0   | o                                     |
| 0   | o                                     |
| 0   | 0                                     |
| 0   | 0                                     |
| Calf Cana ala aldida famalla accessina            |                                       |
| Self-Care checklist for the evening               | day?                                  |
| _   | What felt most difficult for the day? |
| o   | day?                                  |
| o   |                                       |
| <ul><li>O</li><li>O</li><li>O</li></ul>           | day?                                  |
| <ul><li>O</li><li>O</li><li>O</li><li>O</li></ul> | day?                                  |
|   | day?                                  |
|   | day?                                  |



| Self-Care checklist for the morning                    | To-Do List:                           |
|--|---------------------------------------|
| 0  | 0                                     |
| 0  | 0                                     |
| 0  | 0                                     |
| 0  | o                                     |
| 0  | 0                                     |
| 0  | 0                                     |
| Self-Care checklist for the evening                    | What felt most difficult for the day? |
| O  | What felt most difficult for the day? |
| <ul><li>O</li><li>O</li><li>O</li></ul>                |                                       |
| <ul><li></li><li></li><li></li></ul>                   |                                       |
| <ul><li></li><li></li><li></li><li></li><li></li></ul> | day?                                  |
|  | day?                                  |
|  | day?                                  |



| Self-Care checklist for the morning           | To-Do List:                      |
|---|----------------------------------|
| 0   | 0                                |
| 0   | 0                                |
| o   | 0                                |
| 0   | 0                                |
| 0   | 0                                |
| 0   | 0                                |
| Self-Care checklist for the evening           | What felt most difficult for the |
| o   | day?                             |
| 0   | day?                             |
| o   | day?                             |
| <ul><li></li><li></li><li></li></ul>          |                                  |
| <ul><li></li><li></li><li></li><li></li></ul> | What was a positive about toda   |
| <ul><li></li><li></li><li></li></ul>          |                                  |
| <ul><li></li><li></li><li></li><li></li></ul> |                                  |
| <ul><li></li><li></li><li></li><li></li></ul> |                                  |
| <ul><li></li><li></li><li></li><li></li></ul> |                                  |



| 0 |              | To-Do List:                    |
|---|--------------|--------------------------------|
| 0 |              |                                |
| 0 | <del> </del> | 0                              |
| 0 |              | 0                              |
| 0 | <del> </del> | 0                              |
| 0 | <del></del>  | 0                              |
|   |              | 0                              |
| 0 |              |                                |
| 0 | <del></del>  |                                |
| _ |              | What was a positive about toda |
| 0 |              | What was a positive about toda |



| Self-Care checklist for the morning                         | To-Do List:                           |
|---|---------------------------------------|
| 0   | 0                                     |
| 0   | 0                                     |
| 0   | 0                                     |
| 0   | 0                                     |
| 0   | 0                                     |
| o   | 0                                     |
| Self-Care checklist for the evening                         | What felt most difficult for the day? |
| o   |                                       |
| 0   | day?                                  |
| <ul><li>O</li><li>O</li><li>O</li></ul>                     |                                       |
| <ul><li>O</li><li>O</li><li>O</li><li>O</li><li>O</li></ul> | day?                                  |
|   | day?                                  |
|   | day?                                  |



| Self-Care checklist for the morning               | To-Do List:                     |
|---|---------------------------------|
| 0   | 0                               |
| 0   | 0                               |
| 0   | 0                               |
| 0   | 0                               |
| 0   | 0                               |
| 0   | 0                               |
| _   |                                 |
| o   | day?                            |
|   | day?                            |
| 0   | day?                            |
| o   | ·<br>                           |
| <ul><li></li><li></li><li></li></ul>              | ·<br>                           |
| <ul><li>O</li><li>O</li><li>O</li><li>O</li></ul> | What was a positive about today |



| Self-Care checklist for the morning | To-Do List:                           |
|-------------------------------------|---------------------------------------|
| 0                                   | 0                                     |
| 0                                   | 0                                     |
| 0                                   | 0                                     |
| 0                                   | o                                     |
| 0                                   | 0                                     |
| 0                                   | 0                                     |
| Self-Care checklist for the evening | What felt most difficult for the day? |
| 0                                   | <i>aay.</i>                           |
| 0                                   |                                       |
|                                     |                                       |
| 0                                   |                                       |
| 0                                   |                                       |
|                                     |                                       |
| 0                                   | What was a positive about today       |
| 0                                   | What was a positive about today       |
| 0                                   | What was a positive about today       |
| 0                                   | What was a positive about today       |
| 0                                   | What was a positive about today       |



| What I accomplished:     | What am I thankful for?             |
|--------------------------|-------------------------------------|
|                          |                                     |
| What I am most proud of: | Positive Affirmations for the Week: |
| What can I work on?      | Goals:                              |
|                          |                                     |