WEEKLY CHECK-IN

DATE: _____

HOW AM I FEELING THIS WEEK (CIRCLE ONE OR MORE)

Overwhelmed, Tired, Frustrated, Isolated, Stressed, Calm, Hopeful, Grateful, or Other

HOW IS MY ENERGY LEVEL?

1-Completely Exhausted to Full of Energy-10 Score: _____

HOW DID I FAIR THIS WEEK?

Self-Care	Yes	Somewhat	No
Got enough sleep	☐	☐	☐
Ate regular meals	☐	☐	☐
Took breaks when needed	☐	☐	☐
Moved my body	☐	☐	☐
Talked with someone	☐	☐	☐

ONE SMALL WIN THIS WEEK

_____

_____

ONE THING I WILL DO FOR MYSELF NEXT WEEK

- ☐ Ask Someone For Help
- ☐ Take A Short Walk
- ☐ Take A 10-15 Break Each Day
- ☐ Do Something Relaxing (Music, Read, Etc..
- ☐ Schedule Time With A Friend
- ☐ Other_____