

Daily Checklist

Check boxes and fill out blanks after each meal.

- Wake Up Do Not Snooze Morning Self Care
- Dress in clothes I like PT/Exercise Evening Self Care

- Fill Water Bottle 1 Drink Water Bottle 1 Dishes
- Fill Water Bottle 2 Drink Water Bottle 2 Laundry

Today's Menu

- Breakfast _____
- Snack _____
- Lunch _____
- Snack _____
- Dinner _____

- Check Calendar Check To-Do List Check Chore List
- Errands (future calendar, food, preparation, etc...)

- Shower? Additional Self Care? Other?

- What I Want to Do

- Write Out Schedule on Schedule

Schedule

Fill in times and activities for the day.

| | | | | |
|--|-----------------------------------|-------|--------------------------------|--|
| | Morning Self Care Routine | | | |
| | | | | |
| | Breakfast, Review Daily Checklist | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Snack | |
| | | | | |
| | | | | |
| | | | No More Caffeine | |
| | | | | |
| | | Snack | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Dinner, Review Daily Checklist | |
| | | | | |
| | | | | |
| | Lunch, Review Daily Checklist | | No More Screens | |
| | | | Evening Self Care | |
| | | | Bedtime | |

Self Care Routines

Check or sticker boxes.

Morning

| | M | T | W | R | F | S | S |
|----------|---|---|---|---|---|---|---|
| Eyes | | | | | | | |
| Teeth | | | | | | | |
| Face | | | | | | | |
| Hair | | | | | | | |
| Meds | | | | | | | |
| Vitamins | | | | | | | |
| Water | | | | | | | |

Evening

| | M | T | W | R | F | S | S |
|-------|---|---|---|---|---|---|---|
| Meds | | | | | | | |
| Water | | | | | | | |
| Floss | | | | | | | |
| Teeth | | | | | | | |
| Face | | | | | | | |
| Hair | | | | | | | |
| Eyes | | | | | | | |
| Skin | | | | | | | |

