DAILY SELF-CARE & MENTAL HEALTH CHECK-IN

EMOTIONAL SCAN & NERVOUS SYSTEM CARE

DATE: _____/_____/20____ **TIME: ____:____** **WEATHER: [ ] Sun [ ] Cloud [ ] Rain** **BATTERY: [20% | 40% | 60% | 80% | 100%]**

CURRENT EMOTION: [ ] Calm [ ] Anxious [ ] Content [ ] Overwhelmed [ ] Hopeful [ ] Exhausted [ ] Grounded

STEP 1: SOMATIC BODY SCAN & PHYSICAL AWARENESS

Head / Jaw / Neck tension: _____

Chest / Heart rate / Breathing depth: _____

Shoulders / Stomach / Lower back: _____

STEP 2: THE CORE 4 DAILY SELF-CARE FOUNDATIONS

1. NOURISHMENT & HYDRATION [ ] Drank 64+ oz water [ ] Ate balanced meals [ ] Nourished my body with fresh food

2. MOVEMENT & OUTDOORS [ ] 15-30 min walk or gentle movement [ ] Sunlight on face [ ] Fresh outdoor air

3. CONNECTION & BOUNDARIES [ ] Connected with loved one / friend [ ] Protected my personal energy boundaries

4. REST & NERVOUS SYSTEM [ ] Took a 10-min silent pause / breathing break [ ] Respected emotional capacity

STEP 3: COMPASSIONATE SELF-TALK & PERMISSION SLIP

What I need most from myself today: _____

A permission slip I give myself today (to rest, say no, take space): _____

One kind word of encouragement I need to hear: _____

EVENING REFLECTION & CHECK-OUT:

One thing I am genuinely proud of myself for handling today: _____

Tonight's calming affirmation: "I did enough, I have enough, I am enough. I release this day into peace."