30 Days of Self-Care

Pick one small action to practice this month.

My routine _____ **Start date** _____

My shorter version _____

Check a box when you do either version.

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6 ☐	7 ☐	8 ☐	9 ☐	10 ☐
11 ☐	12 ☐	13 ☐	14 ☐	15 ☐
16 ☐	17 ☐	18 ☐	19 ☐	20 ☐
21 CHECK-IN ☐	22 ☐	23 ☐	24 ☐	25 ☐
26 ☐	27 ☐	28 ☐	29 ☐	30 ☐

Day 21 What feels easier? What would help you keep going?

Missed a day? Pick up at the next opportunity.