

Give To Your Self

Self-Care Routine #1: Morning Check-In



Date _____ Time _____

Sleep and Physical Details:

Waking Time _____ Hours of Sleep _____ Sleep Quality (0=poor, 10=excellent) _____

Dream Recall:

Predominant Body Sensation _____ Details:

Morning Mood (rate on a scale 0=no symptoms to 10=extreme symptoms):

Anxiety _____ Describe:

Depression _____ Describe:

ED or Other Cravings _____ Describe:

Predominant Emotion _____ Details:

Thoughts/Feelings/Needs (from ED Observations to IT Insights – use back as needed):

Daily Intentions:

- 1.
- 2.
- 3.