



# Comprehensive Daily Self Care Log

Date: \_\_\_\_\_

This tool is intended to help you summarize several components of your self-care program. Space is provided for recording information about daily nutrition, exercise, sleep and medication, and for tracking your mood, symptoms and daily goals.

## The food choices I made today:

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## Did I eat a balanced diet today?

- Fruits & Veggies
- Dairy    Lean Protein
- Whole Grains
- Fats/Oils

## Today's physical activity:

|                      |       |       |       |
|----------------------|-------|-------|-------|
| Activity/ # minutes  | _____ | _____ | _____ |
| Activity / # minutes | _____ | _____ | _____ |
| Activity / # minutes | _____ | _____ | _____ |

## Notes: How did I feel before/during/after activity?

## My medications for today:

|             | dose taken                                                                 |
|-------------|----------------------------------------------------------------------------|
| Rx #1 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Rx #2 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Rx #3 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Rx #4 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| RX #5 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Rx #6 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Rx #7 _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## My sleep record:

My sleep target: \_\_\_\_\_

Actual bedtime last night: \_\_\_\_\_

Estimated hours slept  
last night: \_\_\_\_\_

Target bedtime tonight: \_\_\_\_\_

My goals for today: \_\_\_\_\_

My end-of-day recap: \_\_\_\_\_

My goals for tomorrow: \_\_\_\_\_