
I LOVE ME SOME ME! DAILY SELF-CARE NEEDS

Do you put everything and everyone else's priorities above your own? Well it's time to put your oxygen mask on first for once. If you really want to create more time for you health you're going to have to give yourself permission to do so. Chances are you've been neglecting some of your own personal needs and emotions. Lets get clear on how you'd like to feel each day. To feel better about yourself each day what do you need to feel more of? What would you like to feel less of? Take a few moments and check off the boxes of how you'd like to feel more often. Draw a line through the words that describe what you'd like to feel less of. Do you think taking care of your health would help with any of these?

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Stressed | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Anxious | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Depressed | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inspired | <input type="checkbox"/> Sad | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Relaxed | <input type="checkbox"/> Moody | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Strong | <input type="checkbox"/> Tired/fatigued | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Happier (better mood) | <input type="checkbox"/> Angry | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Life purpose | <input type="checkbox"/> Jealous | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Productive | <input type="checkbox"/> Lazy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> More fun | <input type="checkbox"/> Weak | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Creative | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Loved | <input type="checkbox"/> Loved | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sexy | <input type="checkbox"/> Unique | <input type="checkbox"/> _____ |

Notes: The blank spaces are for you to write in your own words. Is there something not listed here that you'd like to feel more or less of?

