





## Caregiver Self- Care Checklist

## Daily Self-Care Items

	BODY 	MIND 	SPIRIT 
MORNING 	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____
AFTERNOON 	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____
EVENING 	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	<input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____

# Weekly Self-Care Items

[illegible]

## Monthly Self-Care Items

[illegible]

# Healthy Coping Mechanisms

[illegible]

# My Support Contacts

[illegible]