

SELF-CARE

Use this worksheet to help you understand how you take care of yourself and how you can incorporate more self-care into your life!

F-A-R: Fuel, Activation & Recovery

Fuel: Hydration & Nutrition

Activation: Being physically engaged & mentally active

Recovery: Sleep quantity, sleep quality and overall restfulness

Over the next week, try to engage in one F-A-R activity per day:

FUEL

Write down a meal you plan to cook for yourself that includes a balance of carbohydrates, protein and fat!

It's recommended, at minimum, to drink 0.5 oz of water for every pound you weigh (i.e. if you weigh 140 pounds, you should drink at least 70 oz of water/day). Share below how many oz of water you plan to drink each day:

ACTIVATION

Check all of the options for how you plan to get outside this week!

- Take a walk or go for a hike (aim for 5,000 to 10,000 steps per day)
- Go for a run
- Ride my bike or skate/skateboard
- Play a sport
- Other _____

Select which days of the week you'll try Yoga with Adrienne on YouTube:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |

RECOVERY

I plan to try journaling for 30 minutes this week using the following prompt (choose one or use multiple prompts over the week):

- 5 things I'm grateful for
- A message to my younger self
- My future goals and dreams
- What's on my mind/what I'm currently feeling
- How I want to inspire others

How many days do you plan to stay off of social media? Which days?

Number of Days: _____ **Days of the week:** _____

Write the name of the individual you plan to reconnect with this week either with a phone call, text message or email:

Which creative outlet will you use this week? Circle all that apply.

- | | | |
|---------------------------------------------|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Film | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Spoken Word/Poetry | <input type="checkbox"/> Graphic Design | _____ |
| <input type="checkbox"/> Sculpture/Ceramics | <input type="checkbox"/> Dance | _____ |
| <input type="checkbox"/> Jewelry-making | <input type="checkbox"/> Music | _____ |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Other Arts & Crafts | _____ |