

28-DAY SELF-CARE CHALLENGE



Challenge yourself to complete these seven self-care tasks everyday for four weeks.

- **Sleep:** I met my personal sleep goal.
- **Wake:** I got out of bed 30 minutes earlier than normal.
- **Move:** I moved for 30 minutes outside of work.
- **Food:** I added a healthy food choice to my diet.
- **Water:** I drank 8 glasses of water (64 oz. total)
- **Self-Care:** I scheduled 30 minutes for myself.
- **Journal:** I journaled my emotions.

WEEK 1

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep
<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal

WEEK 2

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep
<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal

WEEK 3

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep
<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal

WEEK 4

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep	<input type="checkbox"/> Sleep
<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake	<input type="checkbox"/> Wake
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food	<input type="checkbox"/> Food
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal	<input type="checkbox"/> Journal