My Self-Care Checklist

I GOT THIS!!

Living my Best Life with Epilepsy.

Day/Date:_____

Add an X after each one you do today:

How did I take care of myself today?	X
I ate healthy Food.	
I got good sleep/rest.	
I got some exercise.	
I took my Medicine.	
I spent time with friends.	
I stayed away from triggers.	
I had quiet time to relax.	

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