_____'s WEEKLY SELF CARE MENU **Accountability Partner_____Cell Number_____**

Name

Eating with Intention:

Intermittent Fasting, Daily salad and smoothie, Weekly veggie/bean stew, Weekly vegetable and fruit prep, Daily cup of herbal tea, 24 hour fruit cleanse, 24-hour juice fast, Eating at least 5 colors with every meal, Eating at least 5 fruits and or vegetables daily (Solar Snacking), Mindfully Cooking 3 times or more per week, Mindfully Eating, Eating your water (hydrating through fruits and vegetables),
Prioritizing whole food at least 80 %of the time over fast food and processed junk foods.

Moving with Intention:

Yogic flexibility, Static Stretching, dynamic stretches, daily smoothie and salad, HIIT Strength Training, freestyle dancing, jogging, mindful/power walking, hiking, rebounding, boxing, rock climbing core training, static stretching, mindful cleaning, sun time, skiing, snow shoeing, ice skating, canoeing, gardening, jumprope, favorite sports.

Breathing with intention:

Box breathing, Nasal Breathing, Diaphragmatic breathing, Pranayama breathwork, Physiological sigh,
Coherent breathing, Vagal humming, Singing, Watching the breath

Connecting with intention and miscellaneous:

Gathering with co-workers, Weekly calls to self-care accountability partner, Reaching out to family and friends, talk therapy,
Volunteering in the community, Journaling, Reading, Walking with Co-workers, Bird Watching

Choose Practices from the above listings to set up your week of self-care in and or outside of work. Feel free to add practices that are not listed. It's all about YOU

Week Date:

Eating	Moving	Breathing	Connecting

Weekly Reflection: *I feel good about my practice* (Circle One) 1 2 3 4 5

2 Practices I appreciated the most: _____ _____

I feel better emotionally and physically in and outside of work. (Circle one) 1 2 3 4 5