


Grief Care
Library

SELF-CARE WORKBOOK



SELF CARE IS NOT SELFISH

IT IS SO IMPORTANT TO TAKE CARE OF YOURSELF WHEN YOU ARE GRIEVING. IF YOU DON'T TAKE CARE OF YOURSELF, YOU WILL NOT BE ABLE TO TAKE CARE OF MUCH ELSE. SETTING A SELF CARE PLAN IN PLACE CAN HELP YOU TO FEEL LIKE YOU HAVE SOME ORDER TO YOUR DAY. I RECOMMEND CREATING A PLAN ON HOW YOU WILL TAKE CARE OF YOURSELF, AND STICK TO IT AS BEST AS POSSIBLE.

SELF CARE CAN IMPROVE OUR WELL BEING, MINIMIZE STRESS, REDUCE THE DAMAGING EFFECTS OF GRIEF, AND HELP US ADJUST AS WE LEARN TO LIVE WITH OUR LOVED ONE IN OUR HEART INSTEAD OF OUR ARMS. BY IDENTIFY THINGS YOU ENJOY, YOU'LL BE ABLE TO CREATE A UNIQUE AND HELPFUL SELF-CARE PLAN YOU'LL STICK WITH.



SELF-CARE

INTENSIONS

DAILY AFFIRMATIONS

TODAY I AM GRATEFUL FOR

TODAY'S TOP GOALS

01

02

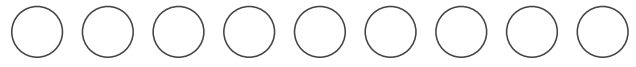
03

SCHEDULE

WATER



SLEEP



MOOD



NOTES



FILLABLE

CHECKLIST

FILL IN THE CHECKLIST SPACES BELOW WITH SELF-CARE ACTIVITIES THAT YOU CAN DO IN THE MORNING AND AT NIGHT.

MORNING SELF-CARE

<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"/>	_____

NIGHT SELF-CARE

<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"/>	_____



SMART GOALS

WHEN SETTING GOALS, MAKE SURE IT FOLLOWS THE SMART STRUCTURE. USE THE QUESTIONS BELOW TO CREATE YOUR GOALS.

S	<p><u>SPECIFIC</u></p> <p>WHAT DO I WANT TO ACCOMPLISH?</p>	
M	<p><u>MEASURABLE</u></p> <p>HOW WILL I KNOW WHEN IT IS ACCOMPLISHED?</p>	
A	<p><u>ACHIEVABLE</u></p> <p>HOW CAN THE GOAL BE ACCOMPLISHED?</p>	
R	<p><u>RELEVANT</u></p> <p>DOES THIS SEEM WORTHWHILE?</p>	
T	<p><u>TIME BOUND</u></p> <p>WHEN CAN I ACCOMPLISH THIS GOAL?</p>	

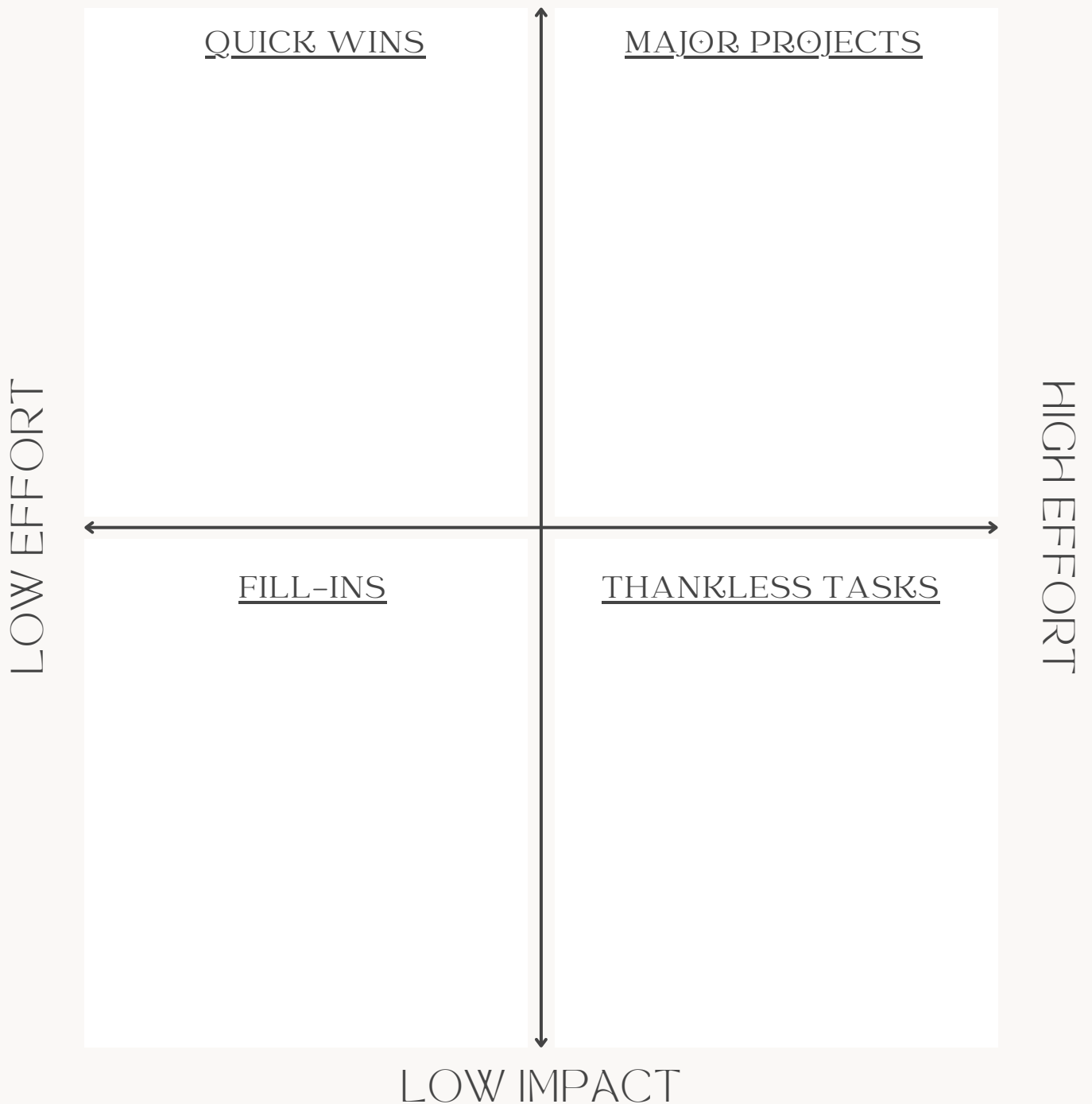


ACTION PRIORITY

MATRIX

THE ACTION PRIORITY MATRIX IS A GREAT WAY TO VISUALISE WHAT TASKS TAKE PRIORITY OVER OTHERS, AND HOW TO BEST ALLOCATE YOUR TIME TOWARDS THEM.

HIGH IMPACT



7 DAY

HABIT TRACKER

KEEPING TRACK OF YOUR HABITS CAN HELP YOU STAY ON TRACK AND ACHIEVE YOUR GOALS. FILL OUT YOUR TOP 12 GOALS AND MARK THEM OFF EACH DAY YOU SUCCESSFULLY COMPLETE THEM.

WEEK OF: _____

HABIT / SELF-CARE STEP

	(S)	(M)	(T)	(W)	(T)	(F)	(S)
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFLECTION NOTES



LIFE GOALS

FOR EACH OF THE CATEGORIES BELOW, WRITE DOWN THINGS YOU ARE DOING WELL AND WHERE YOU NEED IMPROVEMENT. TAKE THE TIME TO REFLECT ON THESE, AND WRITE A GOAL FOR EACH CATEGORY.

CATEGORY	WHAT I'M DOING WELL	WHERE I NEED IMPROVEMENT	MY GOALS
<i>FAMILY</i>			
<i>FRIENDS</i>			
<i>WORK/ SCHOOL</i>			
<i>BODY</i>			
<i>MENTAL HEALTH</i>			
<i>SPIRITUALITY</i>			



WEEKLY GOALS TRACKER

WEEK OF: _____

	MY GOALS	MY FEELINGS	DONE
MON			<input type="checkbox"/>
TUE			<input type="checkbox"/>
WED			<input type="checkbox"/>
THU			<input type="checkbox"/>
FRI			<input type="checkbox"/>
SAT			<input type="checkbox"/>
SUN			<input type="checkbox"/>



UNDERSTANDING

GOALS

ACHIEVING OUR GOALS IS DEPENDENT ON WHETHER WE TAKE ACTION.
USE THE TABLE BELOW TO UNDERSTAND THE "WHY" OF YOUR GOALS.

GOAL:

WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



SO, WHY IS THIS GOAL IMPORTANT?

