

Month:

Self-care checklist

Week 1	
Week 2	
Week 3	
Week 4	
Week 5	

<input type="checkbox"/>	Mon	<input type="checkbox"/>	Thu
<input type="checkbox"/>	Tue	<input type="checkbox"/>	Fri
<input type="checkbox"/>	Wed	<input type="checkbox"/>	Weekend
<input type="checkbox"/>	Mon	<input type="checkbox"/>	Thu
<input type="checkbox"/>	Tue	<input type="checkbox"/>	Fri
<input type="checkbox"/>	Wed	<input type="checkbox"/>	Weekend
<input type="checkbox"/>	Mon	<input type="checkbox"/>	Thu
<input type="checkbox"/>	Tue	<input type="checkbox"/>	Fri
<input type="checkbox"/>	Wed	<input type="checkbox"/>	Weekend
<input type="checkbox"/>	Mon	<input type="checkbox"/>	Thu
<input type="checkbox"/>	Tue	<input type="checkbox"/>	Fri
<input type="checkbox"/>	Wed	<input type="checkbox"/>	Weekend