



Comprehensive Daily Self-Care Log



This tool is intended to help you summarize several components of your self-care program. Space is provided for recording information about daily nutrition, exercise, sleep and medication, and for tracking your mood, symptoms and daily goals.

For more information:

- University of Michigan Depression Center
- 1-800-475-MICH or 734-936-4400
- <http://www.depressioncenter.org/toolkit>

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Date: 5/19

The food choices I made today:	
8 am	Coffee with cream, 2 slices of wheat toast
	With low-fat margarine and jelly
	Apple slices
10 am	Coffee with cream, banana
	Salad- lettuce, tomato, cucumber, low-fat dressing
	Sliced chicken breast
	1 cup vegetable soup
3pm	Granola bar
5:30 pm	Broiled whitefish
	Cauliflower
	Dinner roll with low-fat margarine
	Diet soda
8pm	Low fat frozen yogurt
Did I eat a balanced diet today?	
Fruits & Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dairy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lean Protein <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fats/Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Today's physical activity:		Notes: How did I feel before/during/after activity?
Activity/ # minutes	Walked the dog 30 min	Hard time waking up but felt better after we got on our walk.
Activity / # minutes	Short walk at work 10 min	Good to get some fresh air. Felt less stressed after.
Activity / # minutes	Yoga video 30 min	Stressed before, relaxed after.

My medications for today:

	dose taken		
Rx #1 <u>Celexa</u>	X	<input type="checkbox"/>	<input type="checkbox"/>
Rx #2 <u>Trazodone</u>	X	<input type="checkbox"/>	<input type="checkbox"/>
Rx #3 <u>Lithium</u>	X	X	<input type="checkbox"/>
Rx #4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RX #5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rx #6 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rx #7 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My sleep record:

My sleep target: 7 hrs

Actual bedtime last night: 11:30 pm

Estimated hours slept last night: 6 hrs

Target bedtime tonight: 10:30 pm

My goals for today: Get to work on time, take meds on time, don't get too stressed

My end-of-day recap: I managed to stay cool at work, used exercise to relieve stress

My goals for tomorrow: Make a meal ahead for the next day, do the yoga video again, turn off the TV and get in bed earlier!