

## Weekly Self-Care Record

Date Month/Day	Neck/back Extension Stretch	Stairs or Brisk Walking	Sixty Second Workout	Standing ROM or Sit Disc	Hamstring Stretching	Deep Breathing	Workload	Stress Level	Symptom Status	Comments
Monday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Tuesday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Wednesday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Thursday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Friday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Saturday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	
Sunday	10-15 min. <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/> Same <input type="checkbox"/> Better <input type="checkbox"/> Worse	