



HOW TO USE THE SELF-CARE CHALLENGE

Mood Tracker

30 DAYS TO A HAPPIER, HEALTHIER YOU!

Congrats on accepting the challenge and committing to your self-care for the next 30 days!

Check in with your emotions/mood a few times each day. Use the following key to designate your mood for that time of day. If an event (accident, illness, fight, etc) occurs that affects your mood, make note of it on the line under that day. This can help you understand mood swings and help plan ahead for next time.

Psst... use the little dot in the bottom left corner to track your monthly visit from Aunt Flow or cycle.

Combine this mood tracker with our **Self-Care Challenge Tracker** to see how self-care affects your happiness and well-being.

Mood Key

ANGRY/FRUSTRATED	1
NORMAL/CONTENT	2
HAPPY/JOYFUL/GRATEFUL	3
CALM/RELAXED	4
SAD/DEPRESSED	5
ANXIOUS/NERVOUS	6
ENERGIZED/HYPER	7
BLAH/SICK/TIRED	8

USE COLOR AND/OR NUMBER TO DESIGNATED MOOD

TRACK CYCLE/PERIOD →

7	MORN	2
	NOON	5
	EVE	5
	NIGHT	8

→ FILL IN BOX WITH CORRESPONDING MOOD FROM KEY

or

7	MORN	2
	NOON	5
	EVE	5
	NIGHT	8

→ FILL IN BOX WITH CORRESPONDING MOOD FROM KEY

Got a flat tire → NOTE ANY UNUSUAL EVENTS OR ISSUES

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NAMASTE HAPPY

HAPPINESS
STRIVE FOR ~~PERFECTION~~



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1 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	2 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	3 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	4 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	5 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	6 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>
7 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	8 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	9 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	10 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	11 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	12 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>
13 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	14 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	15 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	16 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	17 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	18 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>
19 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	20 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	21 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	22 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	23 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	24 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>
25 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	26 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	27 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	28 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	29 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>	30 MORN <input type="checkbox"/> NOON <input type="checkbox"/> EVE <input type="checkbox"/> NIGHT <input type="checkbox"/>

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