

# Daily Needs Checklist

It's easy to neglect the basics when you're busy doing other stuff. Fill out this checklist every day to make sure you remember to take care of your basic human needs.

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## Physical Needs

- Eat breakfast
- Eat lunch
- Eat dinner

Drink water

x1  x2  x3  x4  x5  x6  x7  x8

Physical activity (check at least one)

Go for a walk       Play a sport       Exercise

Go to bed on time

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## Emotional Needs

Social activity (check at least one)

Call a friend and talk       Go out with a friend/romantic partner       Call/visit your family  
 Go to a social event to meet new people     

Take 30-60 minutes to relax

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## Other Tasks

Is there anything else you need to do every day? Add it to this section, or alter the above sections to suit your needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Daily Personal Inventory

Fill this form out every day to collect basic data on how you're feeling and what you did. When you're having a problem, just look at the data you've collected and it should reveal if you're neglecting any necessity in your life.

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## How good was your day?

	1	2	3	4	5	
Bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good

## How rested/refreshed did you feel when you woke up this morning?

	1	2	3	4	5	
Bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good

## How many hours did you sleep?

## Did you wake up during the night for any reason?

- Yes
- No

## Did you eat breakfast?

- Yes
- No

## How healthy was your breakfast?

	1	2	3	4	5	
Unhealthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Healthy

## Did you eat lunch?

- Yes
- No

## How healthy was your lunch?

	1	2	3	4	5	
Unhealthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Healthy

## Did you eat dinner?

- Yes
- No

**How healthy was your dinner?**

Unhealthy      1            2            3            4            5            Healthy  
                                                                 

**Overall, did you eat too much or too little?**

- Too much
- Too little
- Just right

**How many 8 oz. glasses of water did you drink today?**

          0     1     2     3     4     5     6     7     8     9     10     10 or more  
None                                    

**Did you exercise today?**

- Yes
- No

**For how many minutes did you exercise?**

Pick the closest number

- 0
- 15
- 30
- 45
- 60
- 90
- 120
- 150
- 180

**Rate the quality of your work day.**

Bad            1            2            3            4            5            Good  
                                                                 

**Rate the quality of your social activity/interactions for the day.**

Bad            1            2            3            4            5            Good  
                                                                 

**How much did you procrastinate today?**

Not at all      0            1            2            3            4            5            A lot