



Flare Daily CHECKLIST

When everything hurts, simplify. This page is your permission slip to pause, reset, and care for yourself without guilt.

BODY CHECK-IN

- ☐ RATE PAIN LEVEL(0-10):
- ☐ RATE ENERGY LEVER (0-10):
- ☐ DID I SLEEP OKAY?
- ☐ WHAT SYMPTOMS ARE MOST INTENSE RIGHT NOW? _____
- ☐ WHAT DOES MY BODY NEED RIGHT NOW? _____

SURVIVAL ESSENTIALS

- ☐ TOOK MEDICATION OR SUPPLEMENTS
- ☐ ATE SOMETHING NOURISHING
- ☐ DRANK WATER OR HYDRATING FLUIDS
- ☐ WASH FACE OR FRESHENED UP
- ☐ CHANGED INTO COMFORTABLE CLOTHES
- ☐ CREATED A CALM, LOW STIMULATED SPACE(DIM LIGHT, SOFT SOUNDS,TIDY AREA)

EMOTIONAL FIRST AID

- ☐ ACKNOWLEDGED HOW I FEEL WITHOUT JUDGMENT
- ☐ SPOKE KINDLY TO MYSELF OR READ A CALMING MANTRA
- ☐ ALLOWED SPACE FOR TEARS, REST, OR SILENCE
- ☐ ASKED FOR HELP (BIG OR SMALL) FROM SOMEONE I TRUST
- ☐ RELEASED GUILT ABOUT WHAT'S NOT GETTING DONE TODAY

MIND & SPIRIT

END-OF-DAY REFLECTION

- ☐ TOOK 3 DEEP, SLOW BREATHS
- ☐ SPENT 5+ MINUTES IN STILLNESS OR MINDFULNESS
- ☐ REPEATED A SELF-SOOTHING AFFIRMATION
- ☐ GAVE MYSELF PERMISSION TO DO LESS TODAY
- ☐ WHAT HELPED ME MOST TODAY? _____
- ☐ WHAT CAN I LEAVE FOR TOMORROW WITHOUT GUILT? _____
- ☐ ONE THING I'M PROUD OF: _____

