

Healthy Habits Checklist

Daily checklists can be overwhelming so pick just one day each week to review your healthy habits from the previous week. This will allow you an opportunity to review what you accomplished as well as areas where you can make improvements in the upcoming week. **Please remember this isn't intended to make you feel any guilt, only empowerment over your health and the health of your baby!**

YES SOMETIMES NO

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|--------------------------|--------------------------|--------------------------|--|
| ☐ | ☐ | ☐ | Drank 10 glasses or more of water each day. |
| ☐ | ☐ | ☐ | Took my prenatal vitamin(s) daily. |
| ☐ | ☐ | ☐ | Made nourishing food choices often. |
| ☐ | ☐ | ☐ | Focused on getting lots of good protein. |
| ☐ | ☐ | ☐ | Active for 30+ minutes 5 times this week. |
| ☐ | ☐ | ☐ | Slept for 8 or more hours each night. |
| ☐ | ☐ | ☐ | Practiced good personal hygiene daily. |
| ☐ | ☐ | ☐ | Elevated my feet when swollen. |
| ☐ | ☐ | ☐ | Did something nice for myself this week! |
| ☐ | ☐ | ☐ | Felt like my care provider was supportive and size-friendly. |