Weekly Care Reflection

This form helps you track how things are going between sessions. Use it each week to look back over the last seven days. You can also fill it in whenever you need to.

Eating structure

When you look back, did you keep your meal times regular?

How well did you cut down long gaps between meals?

Were you able to spot and write down your usual eating patterns?

Did you get back to your routine after any days that went off plan?

What influenced your eating

Tick what affected your eating this week.

- [ ] Tiredness (Low energy or poor sleep)
- [ ] Stress (Feeling tense or too much to do)
- [ ] Arguments or criticism
- [ ] Feeling alone or lonely
- [ ] Boredom or trouble focusing
- [ ] Places or times that set it off
- [ ] Pressure in a relationship

Notes

Disclaimer: Life in Person provides peer support services and educational resources. We are non-clinical and do not offer medical, psychological, or therapeutic treatment. Our programs are designed to share lived experience, practical strategies, and community connection, not to replace professional care.

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Routine and surroundings

Think about:

Was your sleep time about the same each day?

Did you follow a daily routine?

Did you notice and reduce things around you that add stress?

Did you plan your meals ahead?

Did you set up and keep contact with people who support you?

The one small change you made this week:

Peer and community support

Tick what you did this week to keep going with your recovery.

- [ ] Went to a peer support session
- [ ] Joined an online peer group
- [ ] Reached out to someone you trust
- [ ] Went to a community group or activity
- [ ] Spent time with people outside your home
- [ ] Prepared questions for your next appointment
- [ ] Tried something new, like a hobby or class

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