

Self

Two stylized leaf branches, one on the left and one on the right, framing the word 'Self'. Each branch has three leaves with visible veins.

CARE

Two decorative flourishes, one on the left and one on the right, framing the word 'CARE'. Each flourish consists of three teardrop shapes pointing outwards.

PLANNER

THIS PLANNER BELONGS TO



MONTHLY SLEEP TRACKER




Month


PM


AM


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PERSONAL WATER TRACKER


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DAILY MANIFESTATION



I WANT TO MANIFEST:

Blank space for writing what you want to manifest.

MY PRAYER TO THE UNIVERSE:

Blank space for writing your prayer to the universe.

VISUALIZATION:

I see	
I have	
I feel	

MY DAILY AFFIRMATIONS

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-
-

ACTION PLAN

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-
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SELF CARE JOURNAL



MONTH:

YEAR:

AFFIRMATIONS

Journal page for affirmations, featuring ten horizontal rectangular boxes stacked vertically for writing.

I'M PROUD OF MY...

Journal page for 'I'm proud of my...', featuring a large, empty rectangular area for writing.

I'M GRATEFUL FOR...

Journal page for 'I'm grateful for...', featuring a large, empty rectangular area for writing.

NOTE TO SELF:

Journal page for 'Note to self:', featuring four horizontal dotted lines for writing.



SELF-CARE INTENTION

Physical Self-care

Emotional Self-care

Spiritual Self-care

Intellectual Self-care

Social Self-care

Environmental Self-care

Subject Notes

-
-
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SELF-CARE BUCKETLIST

Date:

S M T W T F S

My List	Goals	✓

Notes

SELF CARE ASSESSMENT



1. 2. 3. ★ Psychological/Emotional Self-Care

Participate in hobbies

Go on vacations or day-trips

Find reasons to laugh

Talk about my problems

Learn new things, unrelated to work or school

1. 2. 3. ★ Social Self-Care

Spend time with people who I like

Meet new people

Overall social self-care

Keep in touch with old friends

Ask others for help, when needed



30 DAY SELF-CARE CHALLENGES

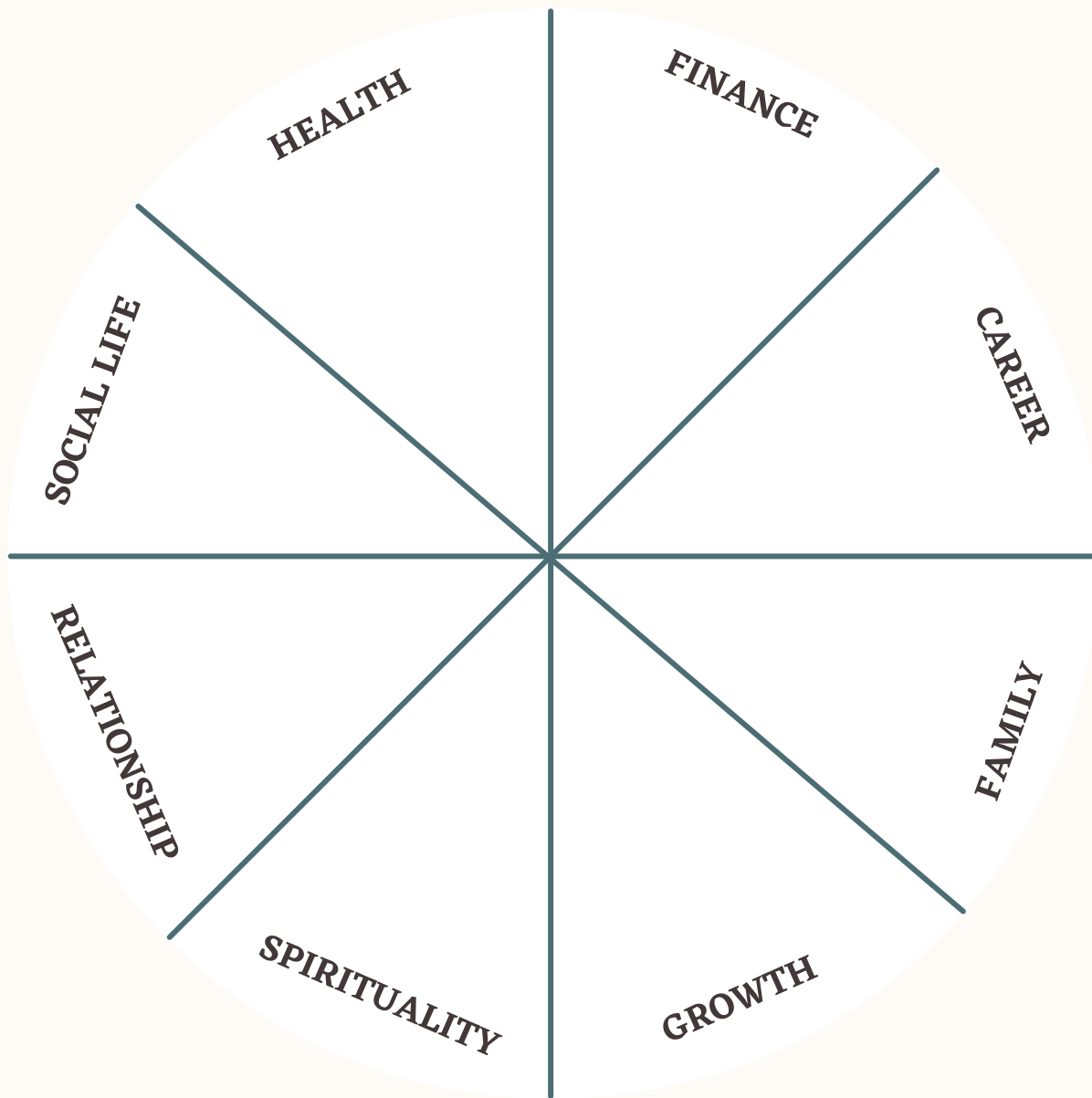
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stretch all your muscles	Drink more water	Go for a walk in nature	Eat your favorite treat	Go to bed early
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Listen to a favorite song	Eat vegetarian meals	Take a nice bubble bath	Cook your favorite meal	Practice yoga
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Go on a solo date	Journaling	Give yourself a facial	Practice gratitude	Try a DIY Project
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Watch the sunrise	Read a book	Explore a new city	Watch your favorite movie	Give yourself a manicure
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Get some sunlight	Start a new hobby	Write out your goals	Organize your closet	Watch the sunset
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Give yourself a break	Learn a new skill	Create your ideal future	Surround yourself with positivity	Drink plenty of water

WHEEL OF LIFE



Assess Your Life

Assess your level of full for each of these areas on a scale from the wheel of life





SELF-CARE ACTIVITIES PLANNER

Date: _____

M T W T F S S

Mood



I am Grateful For

Note For Today

*Be gentle with
yourself.*

My Schedule

GOAL PLANNER



START DATE:

END DATE:

MY GOALS

AFFIRMATION/QUOTE

ACTION PLANS

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MY ANXIETY

3 THINGS THAT TRIGGER MY ANXIETY

3 THINGS I TEND TO HAVE WHEN ANXIOUS

3 PHYSICAL SYMPTOMS I HAVE WHEN ANXIOUS

ANXIETY CHECKLIST



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ANXIETY CHECKLIST



"I act with confidence because I know what am doing.

"I am different and unique, and that is OK."

"I am safe in the company of others."

"Day by day, minute to minute I am capable and prepared"

"I am prepared and ready for this situation."

"People assume I can do this, know I can and I will."

"I am at ease when talking to other people."

"I have survived my anxiety before. I will survive it now"



MY MINDSET

Thoughts That Help Me Grow	Thoughts That Won't Help Me Grow

Name: _____ Date: _____



ANXIETY BREAKDOWN

What is making you feel anxious?

What thoughts are going through your head?

How is your body responding?

What is the worst thing that can happen?

What can you control in this situation?

What can you do to calm your body?

PHYSICAL NEED



health care

Annual Check-up for a month

- 1
- 2
- 3
- 4
- 5

Health Issue

Doctor's Note

Nutrition

Breakfast

Lunch

Dinner

Sleep

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5



MY SAFETY PLAN

MY CIRCLE OF SUPPORT

MY TRIGGERS

MY STRENGTHS

MY COPING SKILLS

MY TRIGGERS

MY DISTRACTIONS

WORRY EXPLORATION



Is my worrying about something going to stop it from happening?

Is there anything I can physically do to sort the problem out? If so, what?

Am I making up worries to feed my addiction to worry? If so, why?

Other thoughts:



MY MAIN GOALS

Leisure

Family

Friends

Describe how your life will be different when you accomplish your goals

MY MAIN GOALS



Finances	Volunteering Or Contributions	Physical Health

Education	Mental Health	Work or Project

Home Environment



DAILY FOOD TRACKER

Date:

BREAKFAST	SNACKS	LUNCH	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

FOOD JOURNAL



Week:

Breakfast	.....
Lunch	.....
Dinner	.....
Snacks	.....
Rate your day	○ ○ ○ ○ ○

Breakfast	.....
Lunch	.....
Dinner	.....
Snacks	.....
Rate your day	○ ○ ○ ○ ○

Breakfast	.....
Lunch	.....
Dinner	.....
Snacks	.....
Rate your day	○ ○ ○ ○ ○

Breakfast	.....
Lunch	.....
Dinner	.....
Snacks	.....
Rate your day	○ ○ ○ ○ ○

Breakfast	.....
Lunch	.....
Dinner	.....
Snacks	.....
Rate your day	○ ○ ○ ○ ○

Breakfast	.....
Lunch	.....
Dinner
Snacks
Rate your day	○ ○ ○ ○ ○

Breakfast
Lunch
Dinner
Snacks
Rate your day	○ ○ ○ ○ ○

Notes:

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DAILY PLANNER

DO MORE OF WHAT YOU LOVE

DATE

S M T W T F S

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7:00
8:00
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TOP 3 PRIORITIES

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REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES



PERIOD TRACKER

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KEY	
	SPOTTING
	LIGHT
	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

CYCLE LENGTH	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES

PROBLEM SOLVING



<i>Problem to Solve</i>	<i>End Goal</i>

<i>1st Solution</i>	<i>Pros</i>	<i>Cons</i>
<i>2nd Solution</i>	<i>Pros</i>	<i>Cons</i>
<i>3rd Solution</i>	<i>Pros</i>	<i>Cons</i>

<i>Chosen Solution</i>	<i>Next Step</i>

STRESS LEVEL TRACKER



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
5												
10												
15												
20												
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Stress Level

- 1
- 2
- 3
- 4
- 5

HEALTH HABIT



WEEK OF _____

	MENU PLANNER	WORKOUT	WATER INTAKE
<i>Monday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Tuesday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Wednesday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Thursday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Friday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Saturday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	
<i>Sunday</i>	<i>Breakfast</i> <i>Lunch</i> <i>Dinner</i> <i>Snacks</i>	<i>Exercise</i> <i>Calories Burned</i>	

A LETTER TO MY SELF



Handwriting practice lines consisting of 20 horizontal dotted lines for writing a letter to oneself.

Signature:



JOURNAL ENTRY

Date:

Topic:

A series of horizontal dotted lines for writing the journal entry.

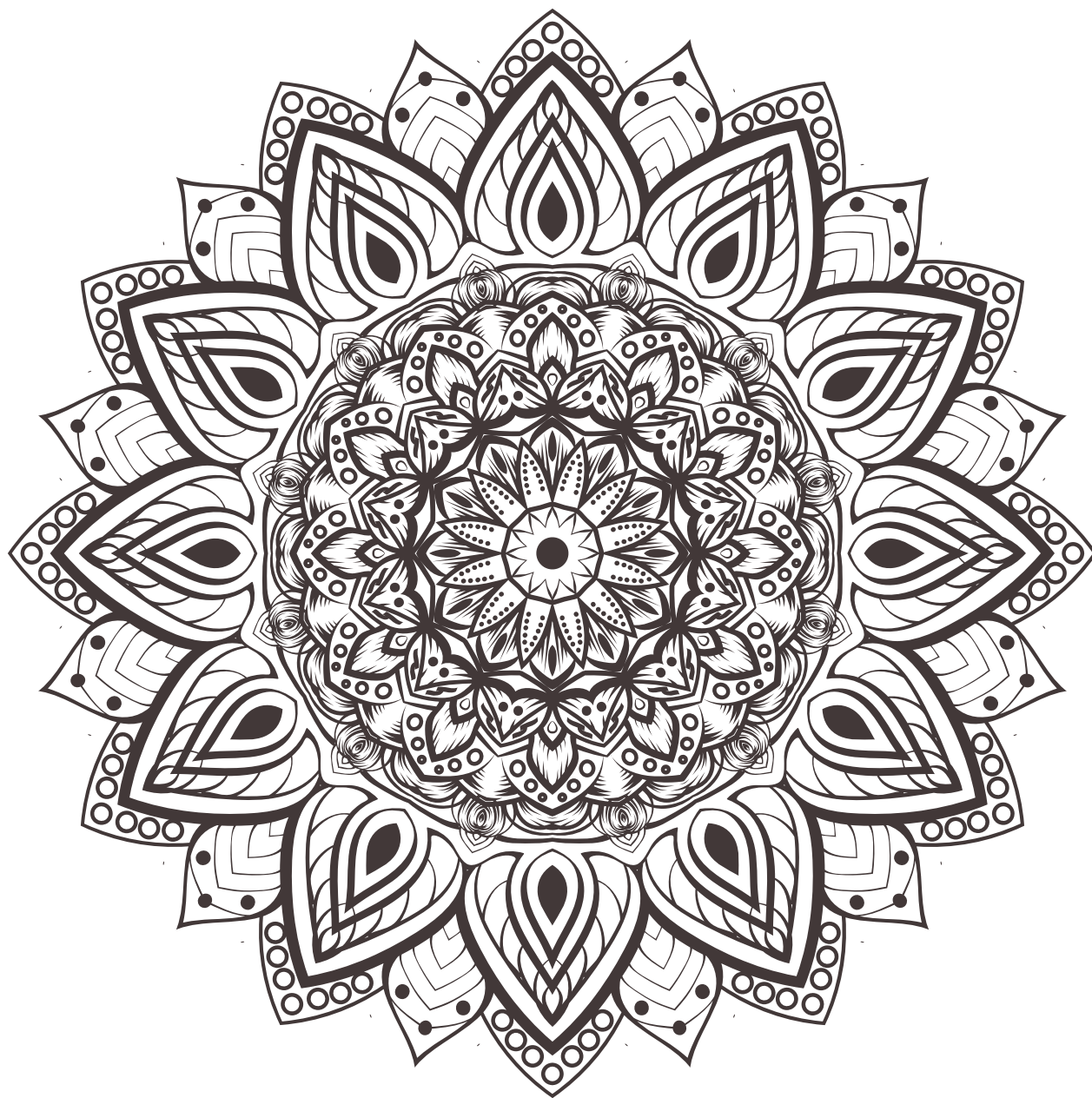


DAILY GRATITUDE

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STRESS RELIEF COLORING PAGE



STRESS RELIEF COLORING PAGE



STRESS RELIEF COLORING PAGE



STRESS RELIEF COLORING PAGE



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