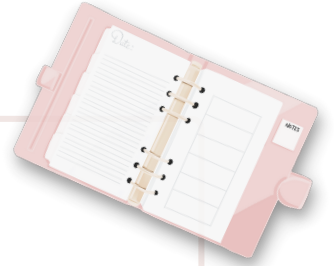




PLANNER & JOURNAL
WELLNESS
planner
PLANNER & JOURNAL

DREAM JOURNAL

DATE



WHAT HAPPENED?

MY EMOTIONS

PEOPLE IN THE DREAM

RECURRING?

YES / NO

SLEEP QUALITY?



SKETCH

MY INTERPRETATION/FINAL THOUGHTS



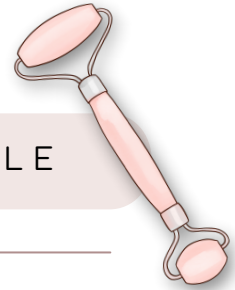
MOOD TRACKER

A collection of 31 empty circles arranged in a roughly triangular pattern, numbered from 1 to 31. The circles are intended for tracking mood over time.

- ANGRY
- SAD
- HAPPY
- STRESSED



SELF-CARE PLANNER



MY TOP PRIORITIES

○

○

○

MY SCHEDULE

NOTE TO SELF



DAILY NUTRITION

BREAKFAST

LUNCH

DINNER

SNACK

SELF-CARE INTENTION

PHYSICAL SELF-CARE

EMOTIONAL SELF-CARE

SPIRITUAL SELF-CARE

INTELLECTUAL SELF-CARE

SOCIAL SELF-CARE

ENVIRONMENTAL
SELF-CARE

SUBJECT NOTES



SELF-REFLECTION QUESTIONS

WHAT ARE MY GOALS IN
LIFE?

WHAT ARE MY STRENGTHS?

WHAT DO I LOVE ABOUT
MYSELF?

WHO MATTERS THE MOST TO
ME?

WHAT AM I ASHAMED OF?

WHAT DO I LIKE TO DO FOR
FUN?

WHAT AM I WORRIED ABOUT?

WHERE DO I FEEL SAFEST?

WHO GIVES ME COMFORT?

WHAT IS MY HAPPIEST
MEMORY?

WHAT KEEPS ME GROUNDED?

WHAT AM I GRATEFUL FOR?

WHAT ARE MY VALUES?

WHEN AM I AT MY BEST?

WHAT BRINGS ME JOY?



MY NOTES



DATE:

A large, light pink rectangular area with rounded corners, containing a grid of small dots for writing notes. The grid consists of 12 columns and 20 rows of dots.

SELF-CARE JOURNEY



MONTH:

YEAR:

ACTS OF SELF-CARE

.....
.....
.....

AFFIRMATION

-
-
-
-

TODAY'S MOOD



I'M GRATEFUL FOR



INSPIRATION:

.....

.....

SELF-CARE PLANNER

MONTH:

YEAR:



MY TOP PRIORITIES

-
-
-

GOALS FOR MY MIND:

- _____
- _____
- _____
- _____

GOALS FOR MY BODY:

- _____
- _____
- _____
- _____

REMINDER

MY NOTE

SELF CARE INTENTION



MONTH:

YEAR:

PHYSICAL SELF
CARE

EMOTIONAL SELF
CARE

SPIRITUAL SELF
CARE

SOCIAL SELF CARE

NOTE TO SELF:

SELF CARE JOURNAL



MONTH:

YEAR:

AFFIRMATIONS

I'M PROUD OF MY...

Vertical stack of 10 light pink rectangular boxes for writing affirmations.

I'M GRATEFUL FOR...

NOTE TO SELF:

Four horizontal lines for writing a note to self.

SELF CARE REMINDER



MONTH:

YEAR:

WHAT KEEPS ME GROUNDED?

WHEN AM I AT MY BEST?

DAILY GRATITUDE



DATE:

WEATHER:

ACTIVITIES

PRIORITIES:

NOTES:

AFFIRMATIONS:

.....

.....

.....

.....

.....



GRATITUDE LIST FOR TODAY



DATE:

WEATHER

THINGS I'M GRATEFUL FOR	✓

MOTIVATION

REMINDER

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



GRATITUDE REFLECTION



MONTH:

WEATHER:

DESCRIBE THE REASON WHY YOU
FEEL GRATEFUL:

.....

.....

.....

.....

MENTION THE THINGS YOU
APPRECIATE:

.....

.....

.....

MENTION THE THINGS YOU ARE
LOOKING FORWARD TO:

.....

.....



MONTHLY POSITIVITY



MONTH:

WEATHER:

NOTE TO SELF:

CALENDAR

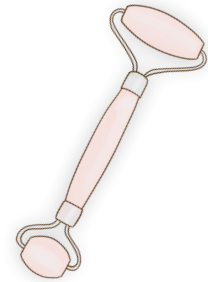
M T W T F S S

M	T	W	T	F	S	S

THINGS I'M THANKFUL
FOR:

-
-
-
-
-

DAILY SELF-CARE PLAN



DATE:

TODAY'S FOCUS

PRIORITIES LIST

MY REMINDER



GOALS FOR MY MIND

GOALS FOR MY BODY

SELF-CARE RITUALS



DATE:

MORNING RITUALS

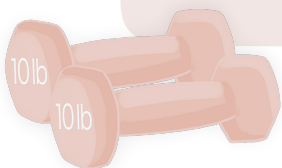
M T W T F S S

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVENING RITUALS

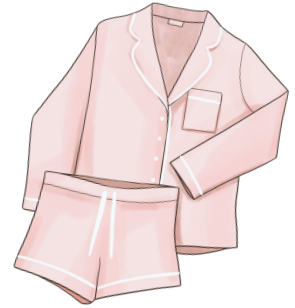
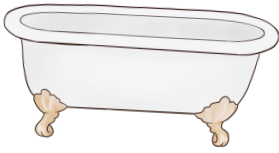
M T W T F S S

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You deserve to get self reward

SELF CARE TRACKER



MORNING TASKS	M	T	W	T	F	S	S

NIGHT TASKS	M	T	W	T	F	S	S

SELF-CARE PLANNER

DATE:



SLEEP TRACKER

	MON	TUE	WED	THU	FRI	SAT	SUN
WAKE UP HOURS							
MOOD	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊
	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄
	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐
	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡	<input type="checkbox"/> 😡

NOTES



SELF-CARE GOALS



DATE:

TODAY'S AFFIRMATION:

WHAT IS THE PURPOSE BEHIND MY SELF-CARE GOALS?

WHAT MOTIVATES ME TO ACHIEVE THEM?

HOW CAN I ACHIEVE THEM?

HABITS TO START:

- 1.
- 2.
- 3.
- 4.
- 5.

HABITS TO STOP:

- 1.
- 2.
- 3.
- 4.
- 5.

SELF ASSESSMENT

HOW DO I FEEL AT THIS MOMENT?



WHAT AM I PUTTING OFF?

OVERALL WELL-BEING

1 2 3 4 5 6 7 8 9 10

I GET ENOUGH SLEEP

1 2 3 4 5

I HAVE A HEALTHY
EATING HABIT

1 2 3 4 5

I EXERCISE MY BODY
REGULARLY

1 2 3 4 5

I SPEND TIME TO RECHARGE

1 2 3 4 5

I KEEP MY SPACE CLEAN

1 2 3 4 5

I TAKE CARE OF MY HYGIENE

1 2 3 4 5

WEEKLY SELF-CARE PLAN



WEEK:

AFFIRMATIONS

TO DO LIST

SCHEDULE

MONDAY:

TUESDAY:

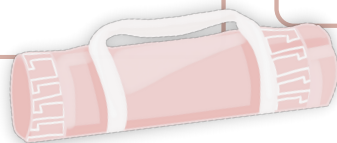
WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:



30 DAY SELF-CARE



DATE:

YEAR:

MONTH:

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

DAY 8

DAY 9

DAY 10

DAY 11

DAY 12

DAY 13

DAY 14

DAY 15

DAY 16

DAY 17

DAY 18

DAY 19

DAY 20

DAY 21

DAY 22

DAY 23

DAY 24

DAY 25

DAY 26

DAY 27

DAY 28

DAY 29

DAY 30



MY MENTAL NEED



AFFIRMATION

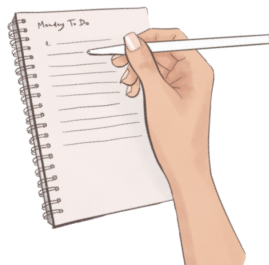
PROJECT TASK

BOUNDARIES

- Saying no when you'd rather not do something
- Not volunteering for extra work
- Communicating needs directly to others

COGNITIVE ABILITIES

- Learning something new
- Playing brain games to improve concentration
- Reading



THERAPY

TAKE A BREAK



MY HAPPY SCHEDULE



MORNING ROUTINE

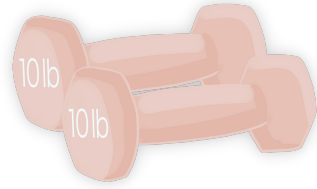
- Wake up on time
- Stay away from social media
- Record positive affirmation
- Exercise for 30 minutes
- Shower
- Eat a nutritious breakfast

GOALS

PERSONAL TIME

MINDFUL AWARENESS

MY 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

DEAR DIARY

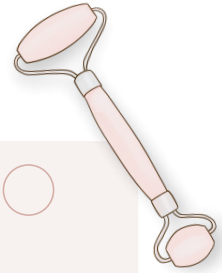


DATE :

QUOTE OF THE DAY :

A large rectangular area with a light pink border, containing two columns of horizontal lines for writing. The lines are evenly spaced and extend across the width of each column. The bottom-left corner of the area is folded over, suggesting a page in a notebook.

SELF-LOVE CHALLENGE



<input type="checkbox"/> BE GRATEFUL FOR YOURSELF	<input type="checkbox"/> DRINK MORE WATER	<input type="checkbox"/> TAKE A STROLL IN NATURE	<input type="checkbox"/> EAT YOUR FAVORITE TREAT	<input type="checkbox"/> GO TO BED EARLY
<input type="checkbox"/> LISTEN TO FAVORITE SONG	<input type="checkbox"/> EAT HEALTHY MEALS	<input type="checkbox"/> TAKE A NICE BUBBLE BATH	<input type="checkbox"/> COOK YOUR FAVORITE MEAL	<input type="checkbox"/> PRACTICE YOGA
<input type="checkbox"/> GO ON A SOLO DATE	<input type="checkbox"/> WRITE A JOURNAL	<input type="checkbox"/> GIVE YOURSELF A FACIAL	<input type="checkbox"/> PRACTICE GRATITUDE	<input type="checkbox"/> GO TO THE GYM
<input type="checkbox"/> WATCH THE SUNRISE	<input type="checkbox"/> READ A BOOK	<input type="checkbox"/> EXPLORE A NEW CITY	<input type="checkbox"/> WATCH YOUR FAVORITE MOVIE	<input type="checkbox"/> HANG WITH GOOD FRIENDS
<input type="checkbox"/> GET SOME SUNLIGHT	<input type="checkbox"/> START A NEW HOBBY	<input type="checkbox"/> BUY YOURSELF A FLOWER	<input type="checkbox"/> ORGANIZE YOUR CLOSET	<input type="checkbox"/> WATCH THE SUNSET
<input type="checkbox"/> TAKE A DAY OFF	<input type="checkbox"/> LEARN A NEW SKILL	<input type="checkbox"/> ACCEPT YOUR MISTAKES	<input type="checkbox"/> WEAR THE CLOTHES YOU LOVE	<input type="checkbox"/> THANK YOURSELF



SELF LOVE PLANNER



SELF LOVE JOURNEY

I FEEL LOVED WHEN...

I FEEL BLESSED WHEN...

I FEEL CONFIDENT WHEN...

I FEEL PROUD WHEN...



SELF LOVE QUESTIONS

IN WHAT WAYS DO I SHOW LOVE FOR MYSELF?

DO I FEEL GUILTY IF I PUT MY NEEDS FIRST?

HOW IMPORTANT IS MY OWN HAPPINESS?

WHEN WAS THE LAST TIME I GAVE A COMPLIMENT TO MYSELF?

SELF LOVE PLANNER

MONTH:



MONTHLY GOALS



1 2 3 4 5 6 7 8 9 10 11 12

GOALS:

WHY?

HOW?

WHEN?

WHERE?

GOALS:

WHY?

HOW?

WHEN?

WHERE?

GOALS:

WHY?

HOW?

WHEN?

WHERE?

NOTES:

SELF-LOVE PRACTICE



EMOTIONAL	PHYSICAL
● ● ● ● ● ● ●	● ● ● ● ● ● ●
SPIRITUAL	SOCIAL
● ● ● ● ● ● ●	● ● ● ● ● ● ●



WEEKLY SELF REVIEW



DATE:

YEAR:

MONTH:

HOW WAS THE WEEK?

Empty space for writing the week's review.

FELT GRATEFUL THIS
WEEK FOR:

Empty space for writing what was felt grateful for.

THIS WEEK'S SMALL
WINS

Empty space for writing small wins.

THINGS I HAVE
IMPROVED ON:

Three empty horizontal lines for writing things improved on.

TASK IN PROGRESS

Three empty horizontal lines for writing tasks in progress.

THINGS NOT WORKING WELL
THIS WEEK:

Empty space for writing things not working well.

WHAT TO NOTE THIS WEEK:

Large empty space for writing what to note this week.

SELF ASSESSMENT



MON

TUE

WED

THU

FRI

SAT

SUN

HOW DO I FEEL AT
THIS MOMENT?

OVERALL WELL-BEING

YES

NO

I GET ENOUGH SLEEP

YES

NO

I SPEND TIME TO RECHARGE

YES

NO

I HAVE A HEALTHY EATING
HABIT

YES

NO

I KEEP MY SPACE CLEAN

YES

NO

I EXERCISE MY BODY
REGULARLY

YES

NO

I TAKE CARE OF MY HYGIENE

YES

NO

WHAT AM I PUTTING
OFF?

APPOINTMENT RECORDS



DATE

DESCRIPTION

DOCTOR

NOTES

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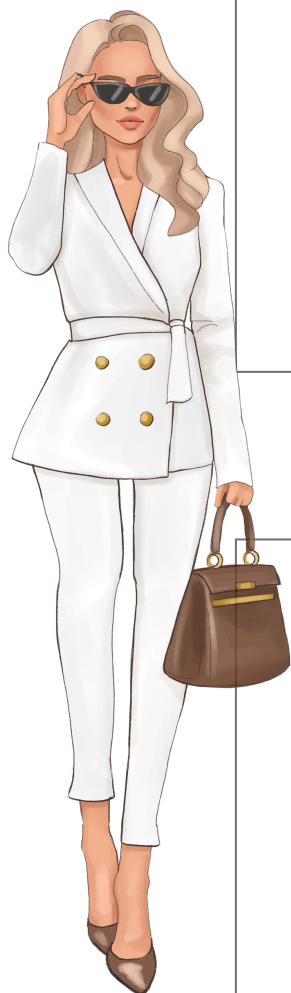
DATE

DESCRIPTION

DOCTOR

NOTES

--	--	--	--



MY NOTES

DATE:



A large rectangular box with a thin brown border, intended for writing notes. A horizontal line is drawn near the top of the box.

A large rectangular box with a thin brown border, intended for writing notes. A horizontal line is drawn near the top of the box.

A large rectangular box with a thin brown border, intended for writing notes. A horizontal line is drawn near the top of the box.

A large rectangular box with a thin brown border, intended for writing notes. A horizontal line is drawn near the top of the box.



"ANYTHING WORTH HAVING TAKES TIME."

MY NOTES



LET'S DRAW

Seven horizontal, light pink rectangular boxes stacked vertically, intended for drawing or sketching.

A large, empty rectangular box with a thin brown border, intended for drawing or sketching.

NOTES

A large rectangular area filled with a light pink grid pattern, intended for writing notes.