

Self - Care

PLANNER

*There is nothing more beautiful
than a person who has discovered their worth*

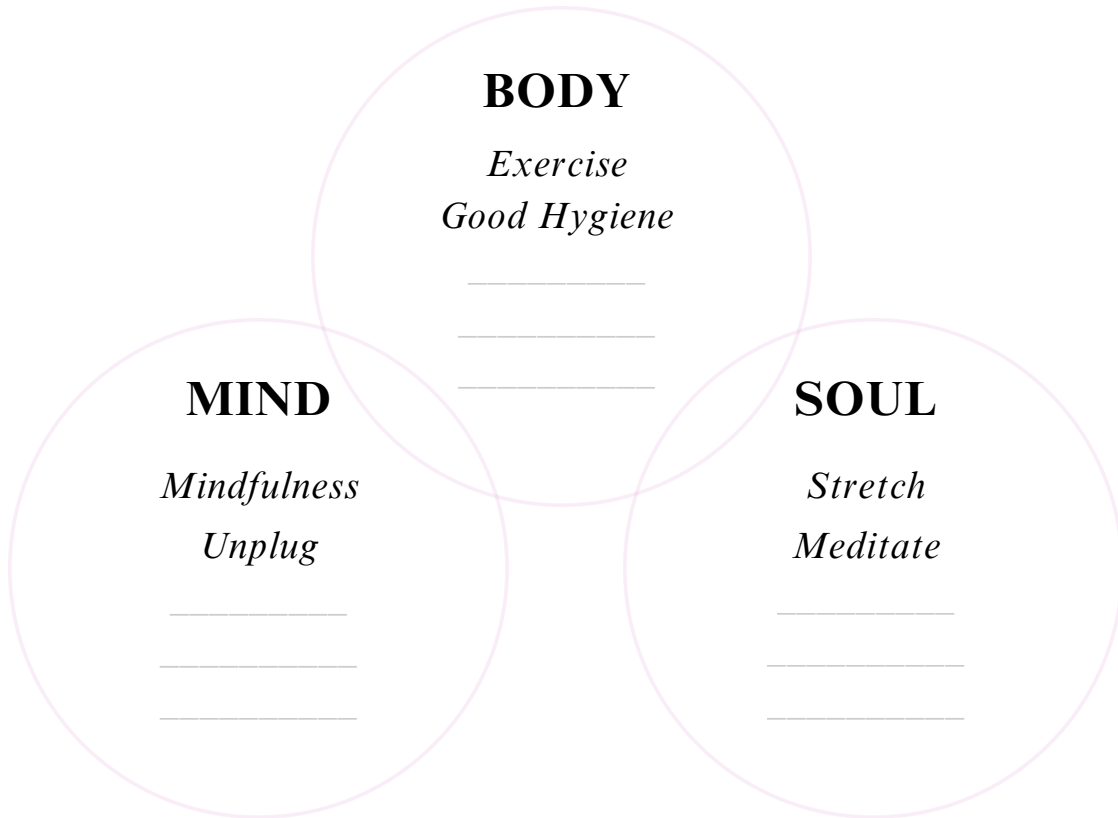
ADD PERSONAL BIO PAGE

A series of horizontal dotted lines for writing a personal biography.

MY NOTES

A series of horizontal dotted lines for writing notes. The lines are evenly spaced and extend across the width of the page, providing a guide for writing.

My *Self-Care Goals*



From _____ To _____

MON ●	
TUE ●	
WED ●	
THU ●	
FRI ●	
SAT ●	
SUN ●	

Sleep Tracker

Month / Year _____

DAY	HOURS SLEPT								NOTES
1	4	6	8	10	12	14	16	18	
2	4	6	8	10	12	14	16	18	
3	4	6	8	10	12	14	16	18	
4	4	6	8	10	12	14	16	18	
5	4	6	8	10	12	14	16	18	
6	4	6	8	10	12	14	16	18	
7	4	6	8	10	12	14	16	18	
8	4	6	8	10	12	14	16	18	
9	4	6	8	10	12	14	16	18	
10	4	6	8	10	12	14	16	18	
11	4	6	8	10	12	14	16	18	
12	4	6	8	10	12	14	16	18	
13	4	6	8	10	12	14	16	18	
14	4	6	8	10	12	14	16	18	
15	4	6	8	10	12	14	16	18	
16	4	6	8	10	12	14	16	18	
17	4	6	8	10	12	14	16	18	
18	4	6	8	10	12	14	16	18	
19	4	6	8	10	12	14	16	18	
20	4	6	8	10	12	14	16	18	
21	4	6	8	10	12	14	16	18	
22	4	6	8	10	12	14	16	18	
23	4	6	8	10	12	14	16	18	
24	4	6	8	10	12	14	16	18	
25	4	6	8	10	12	14	16	18	
26	4	6	8	10	12	14	16	18	
27	4	6	8	10	12	14	16	18	
28	4	6	8	10	12	14	16	18	
29	4	6	8	10	12	14	16	18	
30	4	6	8	10	12	14	16	18	
31	4	6	8	10	12	14	16	18	

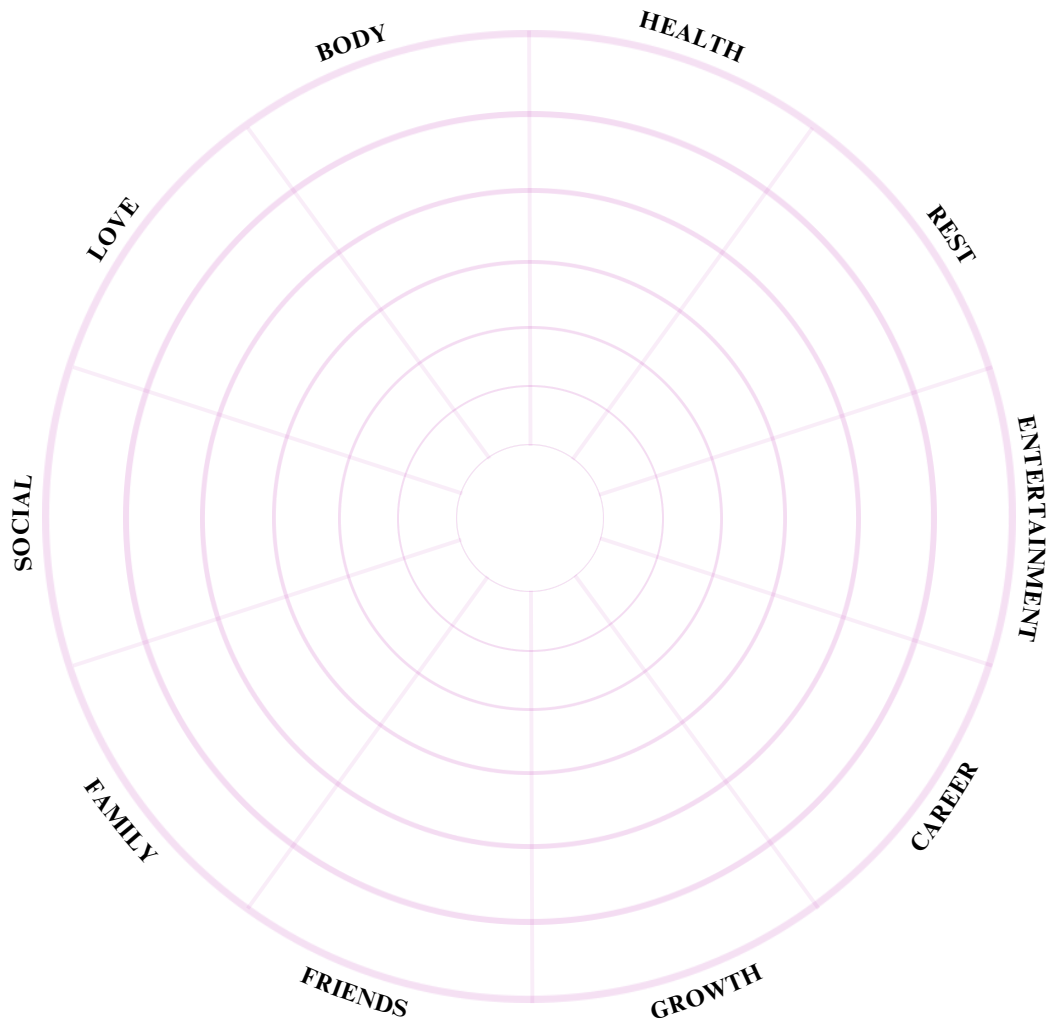
Meditation

Month / Year _____

DAY	PRAYER TIMINGS					NOTES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

MyLife Balance

Month / Year _____



CATEGORY	NOTES
<input type="radio"/> Health	
<input type="radio"/> Body	
<input type="radio"/> Rest	
<input type="radio"/> Entertainment	
<input type="radio"/> Career	
<input type="radio"/> Growth	
<input type="radio"/> Family	
<input type="radio"/> Friends	
<input type="radio"/> Social	
<input type="radio"/> Love	
<input type="radio"/>	
<input type="radio"/>	
<input type="radio"/>	

My Self-Care Routines

From _____

To _____

BASIC HYGIENE & BODY CARE		
DAILY	WEEKLY	OCCASIONALLY
MORNING	MON	
	TUE	
	WED	
AFTERNOON	THU	
	FRI	
	SAT	
NIGHT	SUN	

HEALTH & SOUL		
DAILY	WEEKLY	OCCASIONALLY
MORNING	MON	
	TUE	
	WED	
AFTERNOON	THU	
	FRI	
	SAT	
NIGHT	SUN	

Positive Thinking

Date _____

Reframe your thoughts: Write down all Negative feelings or thoughts you think you have, and convert them into a Positive Approach.

— **NEGATIVE THOUGHTS**

+ **POSITIVE THOUGHTS**

<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>
<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>
<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>
<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>
<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>
<div style="border: 1px solid #ccc; border-radius: 20px; height: 80px; width: 100%;"></div>	→	<div style="border: 1px solid #e91e63; border-radius: 20px; height: 80px; width: 100%;"></div>

My *Bucket List*

Month / Year _____

No.	BUCKET LIST
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>
9.	<input type="checkbox"/>
10.	<input type="checkbox"/>
11.	<input type="checkbox"/>
12.	<input type="checkbox"/>
13.	<input type="checkbox"/>
14.	<input type="checkbox"/>
15.	<input type="checkbox"/>

NOTES

My Daily Gratitude

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Year _____

THINGS I AM GRATEFUL FOR

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
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19	
20	
21	
22	
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24	
25	
26	
27	
28	
29	
30	
31	

My *Self-Care Calender* for mental wellbeing

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Year _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<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

My Happiness Assessment

Month / Year _____

WHAT WAS THE BEST PART OF THE DAY TODAY?

WRITE 3 MAIN STRENGTHS YOU HAVE.

1.	
2.	
3.	

I AM MOST HAPPY WHEN...

I AM MOST UNHAPPY WHEN...

3 THINGS THAT INSTANTLY PUT ME IN A GREAT MOOD:

①

②

③

A PERSON WHO MAKES ME MOTIVATED AND INSPIRED

2 THINGS THAT MAKE ME LAUGH

①

②

My Daily Journal

Month / Year _____

TODAYS TASKS

Dotted lines for writing tasks.

WEATHER



SELF CARE CHECK LIST

Four horizontal lines with pink circles for tracking self-care items.

MEAL PLANS FOR THE DAY

Four horizontal lines with pink circles for tracking meal plans.

WORKOUT / WALK / EXERCISE

Large pink rectangular area for notes on workout or exercise.

WATER INTAKE CHECKLIST



1 drop ~ 1 litre

My Weekly Journal

From _____ To _____

MY SCHEDULE

MON	
TUE	
WED	
THU	
FRI	
SAT	
SUN	

IMPORTANT TASKS

-
-
-

TO-DO LIST

-
-
-
-
-
-

NOTES

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My Weekly Goals

From _____ To _____

MEAL PLAN FOR THE WEEK

MON	
TUE	
WED	
THU	
FRI	
SAT	
SUN	

SKIN CARE CHECKLIST

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

HAIR CARE CHECKLIST

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

WORKOUT GOALS

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