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WEEKLY PLANNER

DAILY PLANNER

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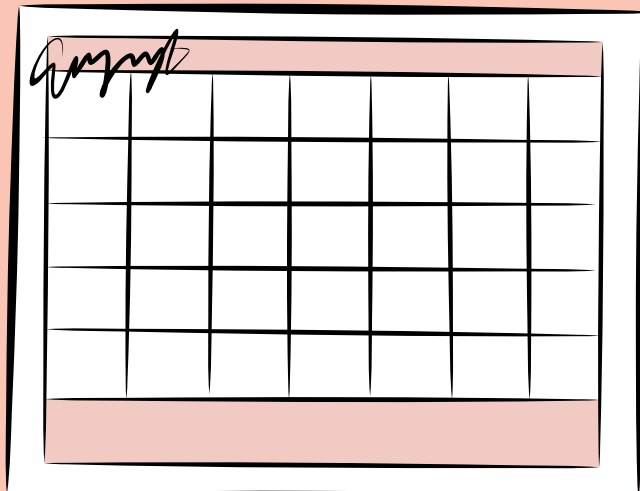
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# My Planner



Month: Week of: 

# Weekly Planner

	MORNING	EVENING
MON		
TUE		
WED		
THU		
FRI		
SAT		
SUN		

Date 

(M)

(T)

(W)

(T)

(F)

(S)

(S)

# Daily Planner

06:00 AM	
07:00 AM	
08:00 AM	
09:00 AM	
10:00 AM	
11:00 AM	
12:00 PM	
01:00 PM	
02:00 PM	
03:00 PM	
04:00 PM	
05:00 PM	
06:00 PM	
07:00 PM	
08:00 PM	
09:00 PM	
10:00 PM	

GRATITUDE

NOTES

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# My Self-Care Journal



# My Gratitude Journal

Date:  

Today's Affirmation:

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Notes

Things I'm Grateful for:

Today's Achievements:

☐  
☐  
☐  
☐  
☐

Today's Mood



Things I Look Forward to:

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# My Self-love Journal

Date:

Write down the reasons why I love myself





Date:

## Weekly Like To Do's

	MORNING	AFTERNOON	EVENING	NOTES
MON				
TUSE				
WED				
THURS				
FRI				
SAT				
SUN				

☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐

Date:

## Must Do's

## To Do's

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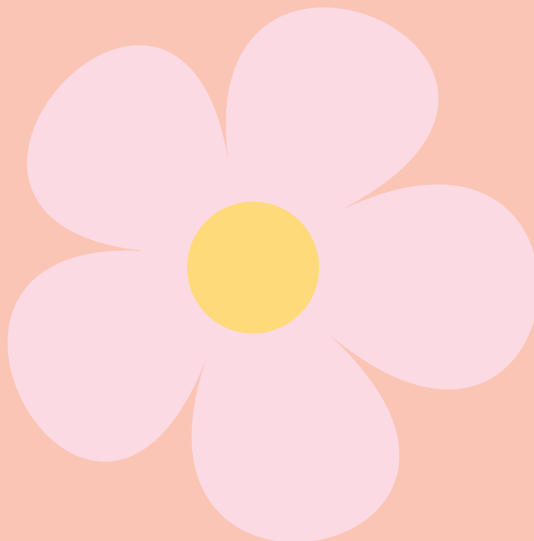
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# My Mental Health Journal





# Identifying My Triggers

Date:

MY TRIGGERS:

HOW I BECAME  
TRIGGERED:

HOW CAN I  
HELP MYSELF :

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# My Mental Health Goals

Date:

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GOAL

START DATE

END DATE

WHY THIS GOAL MATTERS

CHALLENGES I MIGHT FACE

GOAL

START DATE

END DATE

WHY THIS GOAL MATTERS

CHALLENGES I MIGHT FACE

Date:

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- 1.
- 2.
- 3.

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# My Emotional Strengths and Weaknesses Journal

Date:

Strengths:

Weaknesses:

Notes:

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# My Self-esteem Journal

Date: Mental HealthWorksheetsTrackersSelf-careColoring PagesNotes & Journaling

My Self-esteem currently:

Acts I can take to improve my self-esteem :

New habits to build my self-esteem :

Why I want to help myself with my self esteem:

Notes:

Date:

## Mental Health

How I can self soothe:

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## How i can self soothe

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# My Trackers

Month:

Notes:





















































































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




















Month Name



Month: 

# My Water Tracker

DAY	MORNING	AFTERNOON	EVENING
MON	   	   	   
TUSE	   	   	   
WED	   	   	   
THURS	   	   	   
FRI	   	   	   
SAT	   	   	   
SUN	   	   	   

DAY	MORNING	AFTERNOON	EVENING
MON	   	   	   
TUSE	   	   	   
WED	   	   	   
THURS	   	   	   
FRI	   	   	   
SAT	   	   	   
SUN	   	   	   

# My Mood Tracker

[illegible]

Month:  

# My Medication Tracker

Week of \_\_\_\_\_

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

Week of \_\_\_\_\_

Medication	M	T	W	T	F	S	S
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week of \_\_\_\_\_

Medication	M	T	W	T	F	S	S
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Week of \_\_\_\_\_

Medication	M	T	W	T	F	S	S
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Week of \_\_\_\_\_

Medication	M	T	W	T	F	S	S
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Notes

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Week: 

# My Vitamins Tracker

Week of \_\_\_\_\_

vitamins - supplements    M   T   W   T   F   S   S

_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
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_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●

Week of \_\_\_\_\_

vitamins - supplements    M   T   W   T   F   S   S

_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●

Week of \_\_\_\_\_

vitamins - supplements    M   T   W   T   F   S   S

_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●

Week of \_\_\_\_\_

vitamins - supplements    M   T   W   T   F   S   S

_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●

Week of \_\_\_\_\_

vitamins - supplements    M   T   W   T   F   S   S

_____	●	●	●	●	●	●	●
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_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●
_____	●	●	●	●	●	●	●

Notes

_____
_____
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_____
_____
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_____

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# Worksheets

Date: 

# Ways to Cope Worksheet

Did this help?

**Deep Breathing:** Practice deep, slow breaths to calm your nervous system. Inhale for a count of four, hold for four, and exhale for four.

**Mindfulness Meditation:** Engage in mindfulness exercises to stay in the present moment and reduce stress. Examples include body scans or focusing on your breath.

**Progressive Muscle Relaxation:** Tense and relax different muscle groups in your body to release physical tension.

**Positive Affirmations:** Write down positive affirmations or self-statements that counter negative thoughts or beliefs.

**Journaling:** Keep a journal to express your thoughts and feelings, identify triggers, and find patterns in your emotions.

**Social Support:** List friends, family members, or support groups you can reach out to when you need to talk or seek assistance.

**Exercise:** Document your favorite physical activities that help you relieve stress and boost your mood.

**Hobbies:** Write down hobbies or activities you enjoy that provide a sense of fulfillment and distraction.

**Time Management:** Create a schedule or to-do list to help you stay organized and reduce feelings of overwhelm.

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Date: 

# Ways to Cope Worksheet

Did this help?

**Self-Care:** List self-care activities you can engage in regularly, such as taking a bath, reading, or practicing a hobby.

**Problem Solving:** Outline problems you're facing and brainstorm potential solutions.

**Relaxation Techniques:** Document relaxation exercises like progressive muscle relaxation, guided imagery, or listening to calming music.

**Grounding Techniques:** Include grounding exercises like the 5-4-3-2-1 technique, where you name five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste.

**Emergency Contacts:** List emergency contacts for situations when you need immediate help or support.

**Goal Setting:** Set realistic short-term and long-term goals for yourself, both personal and professional.

**Gratitude Journaling:** Write down things you're grateful for to shift your focus to the positive aspects of your life.

**Visualization:** Use visualization techniques to imagine yourself overcoming challenges or achieving your goals.

**Time-Out Plan:** Plan what you can do when you need a break or time to yourself to recharge.

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# Reframing Negative Thoughts into Positive Thoughts Journal

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Negative thoughts:

Positive thoughts:

New positive habits to help my mental health:

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Positive affirmations:

# Reframing Negative Thoughts Into Positive Thoughts Journal

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Negative thoughts

Positive thoughts



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# My Notes

Notes

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Reminder



To Do List

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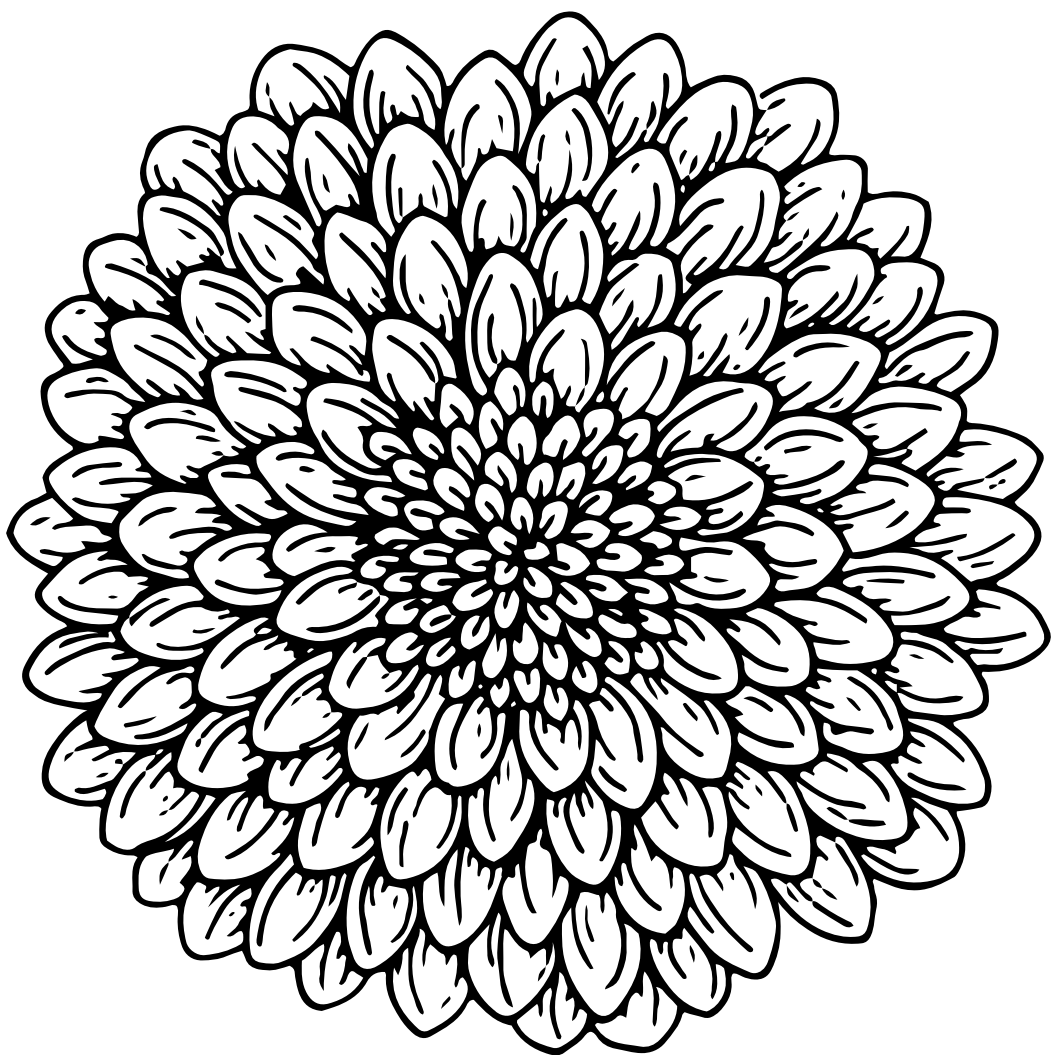


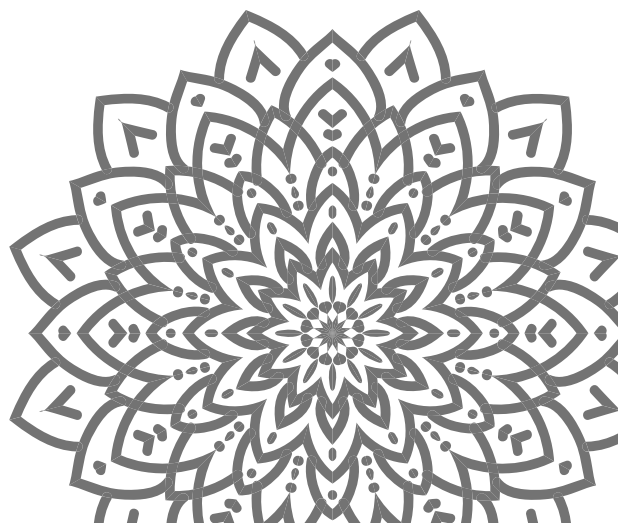
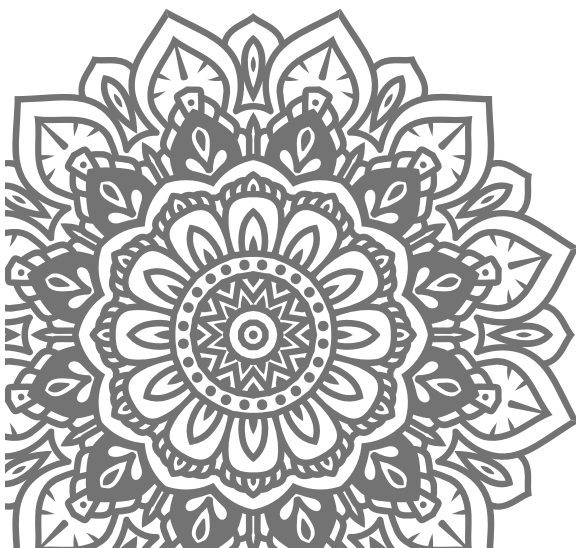
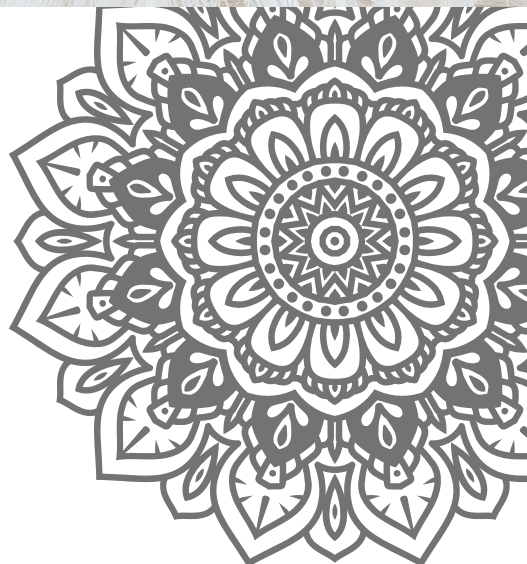




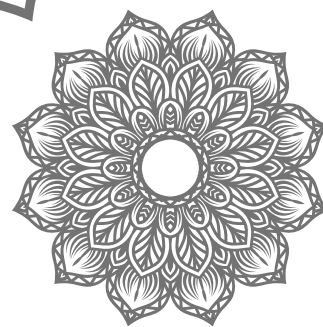
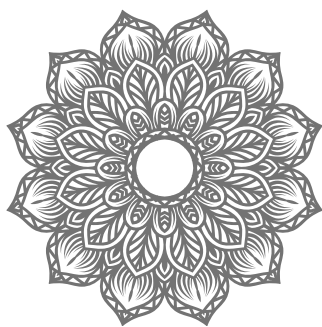
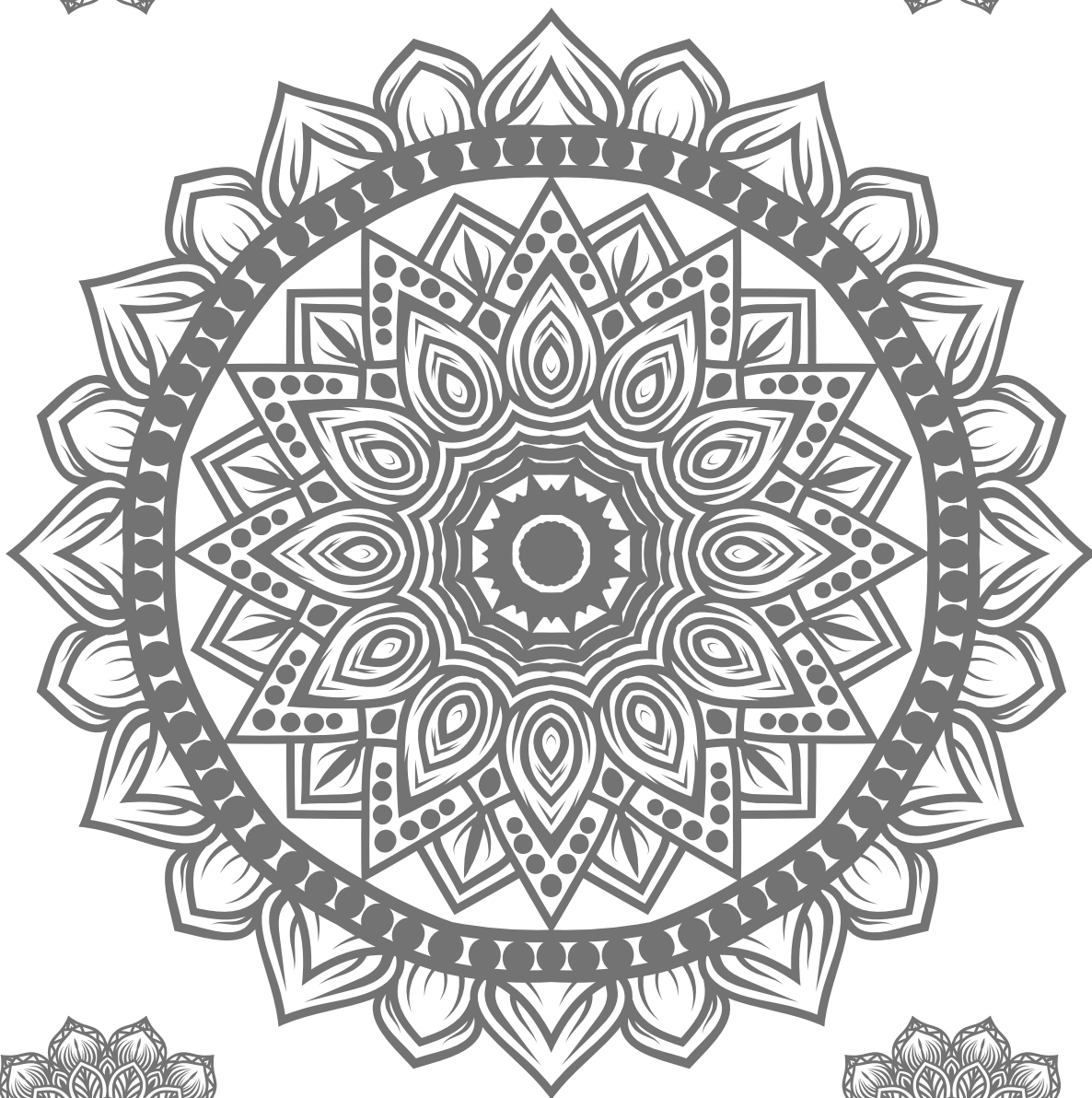
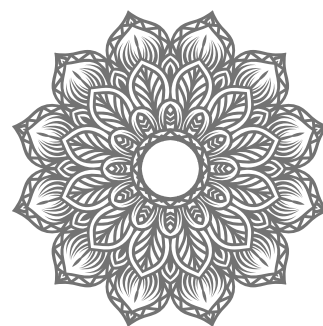
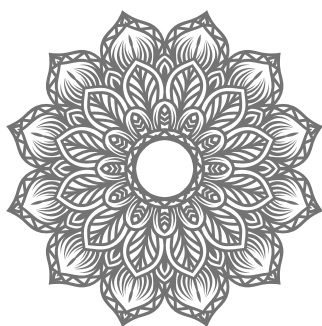














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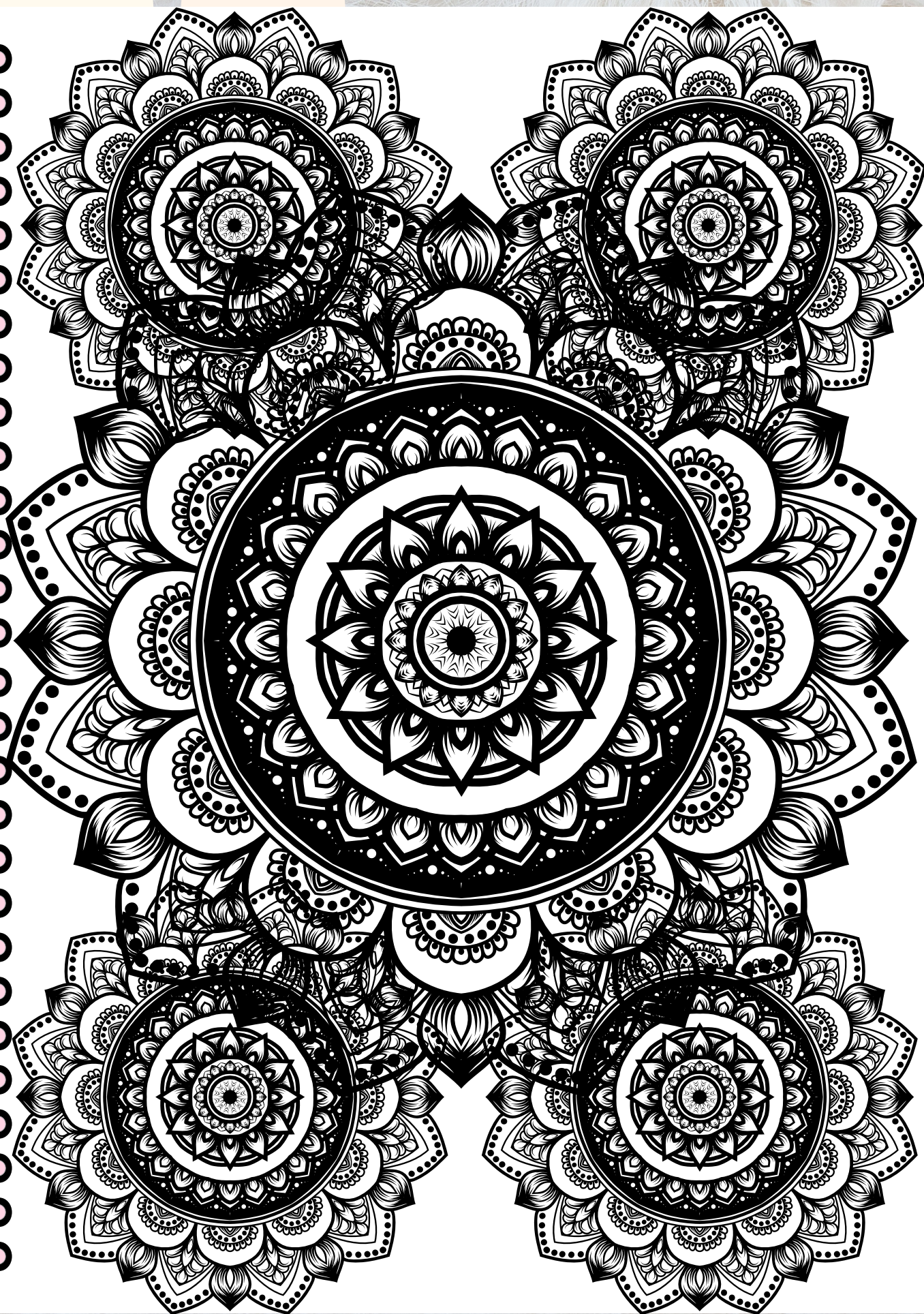
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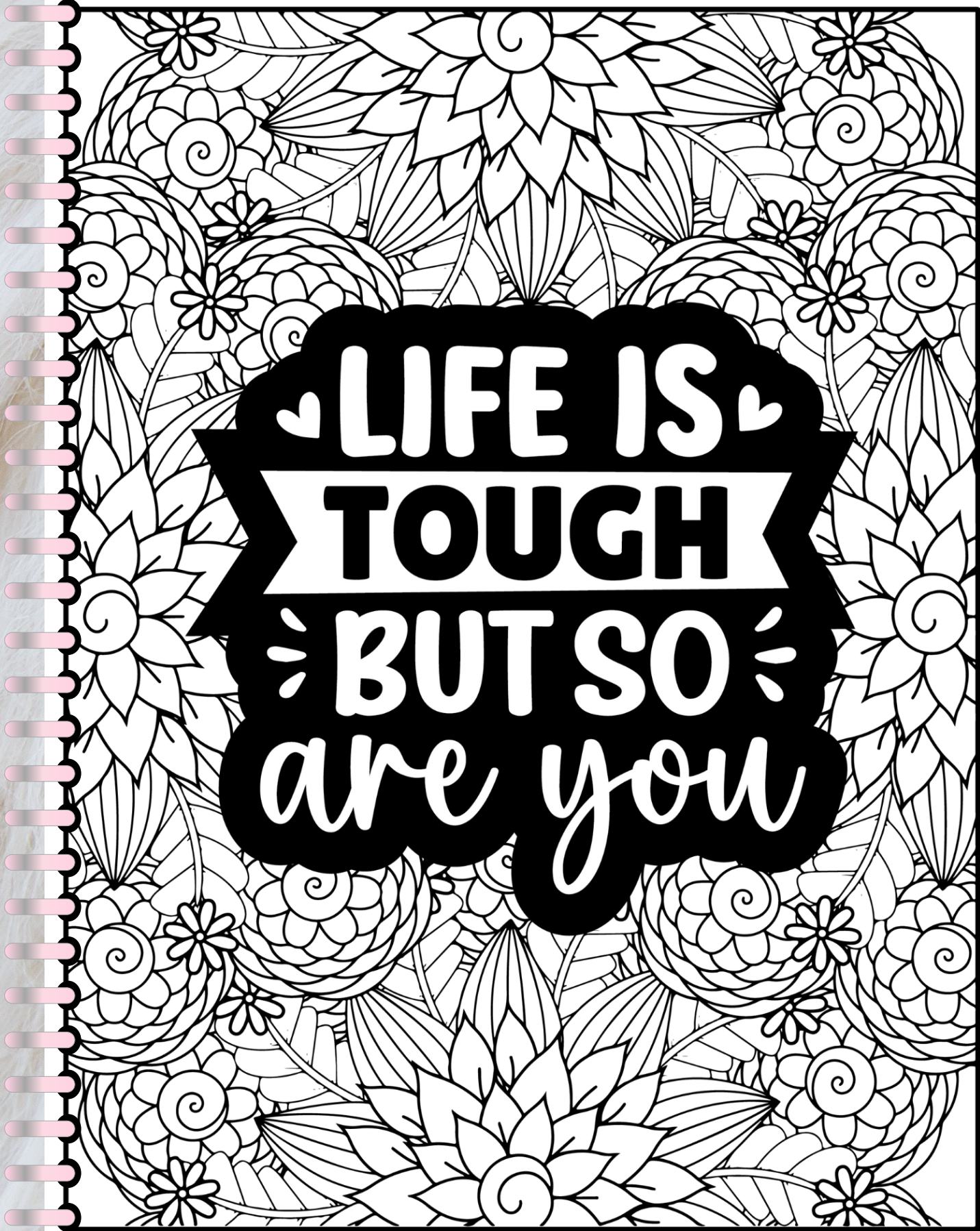
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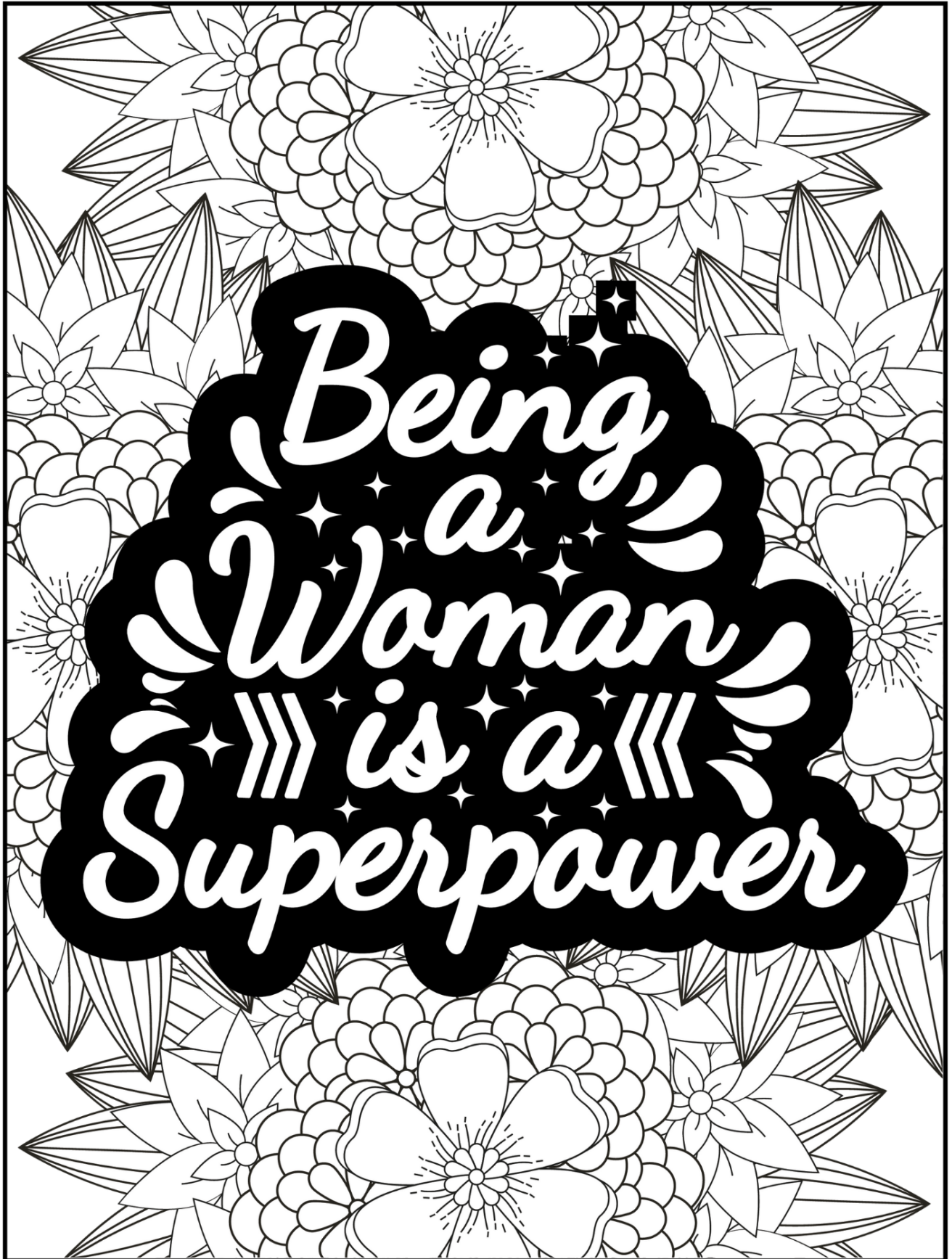






♥ LIFE IS ♥  
**TOUGH**  
BUT SO  
*are you*





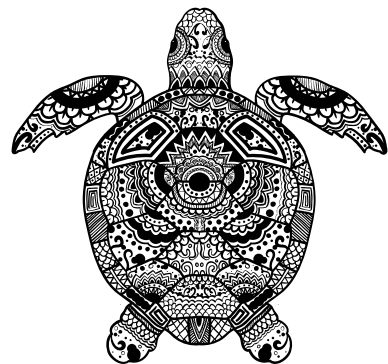
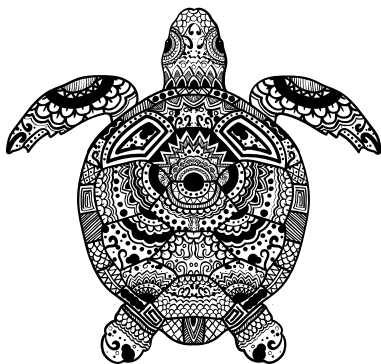
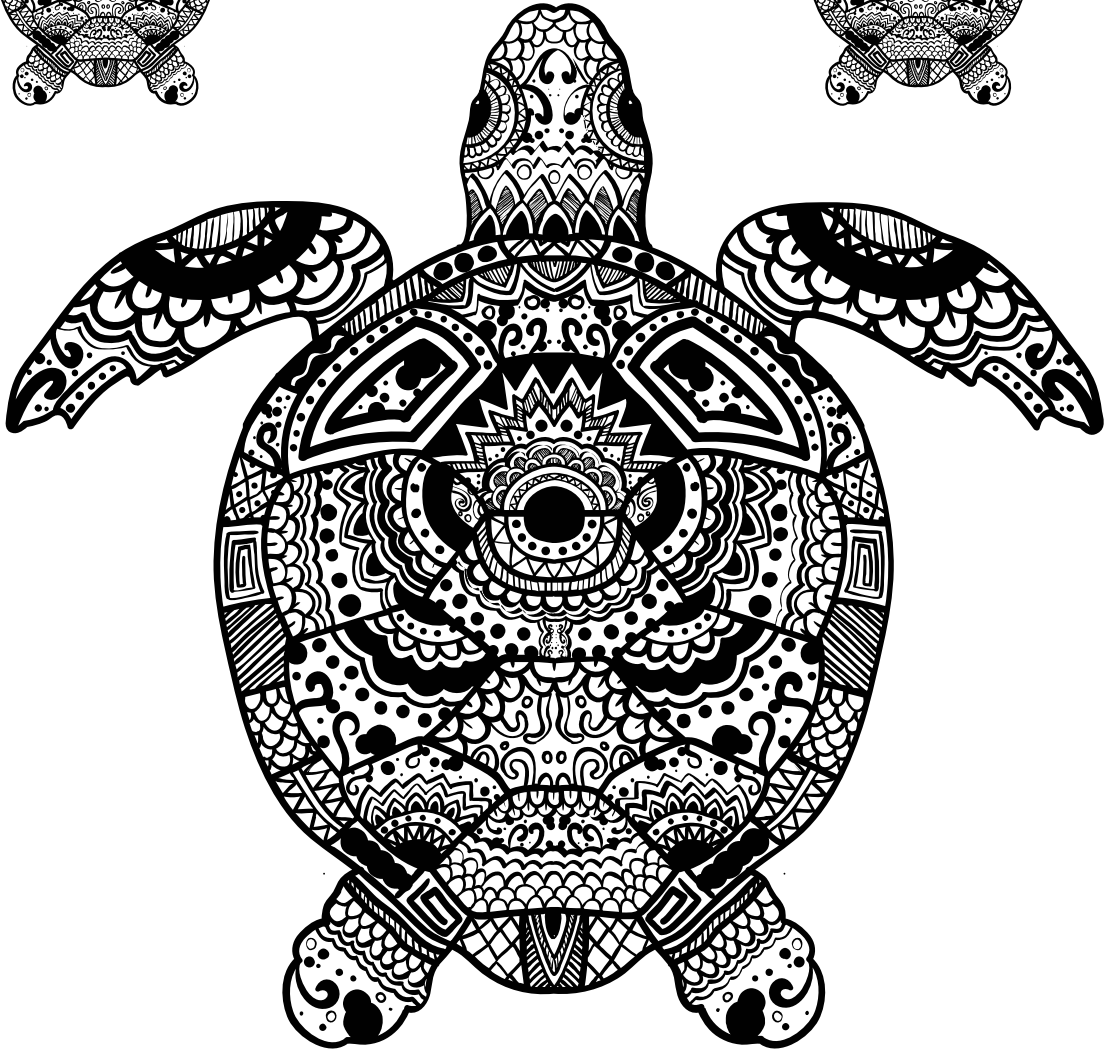
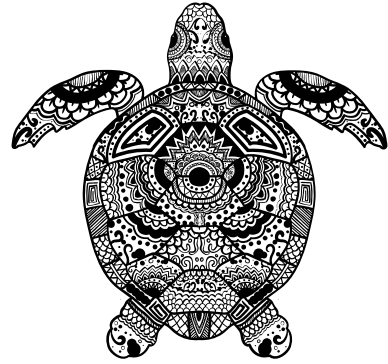
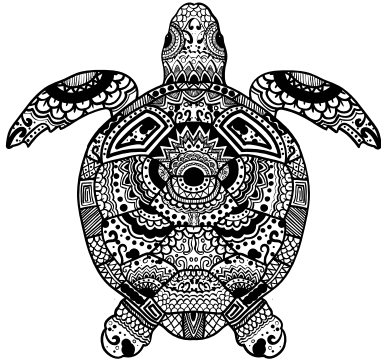






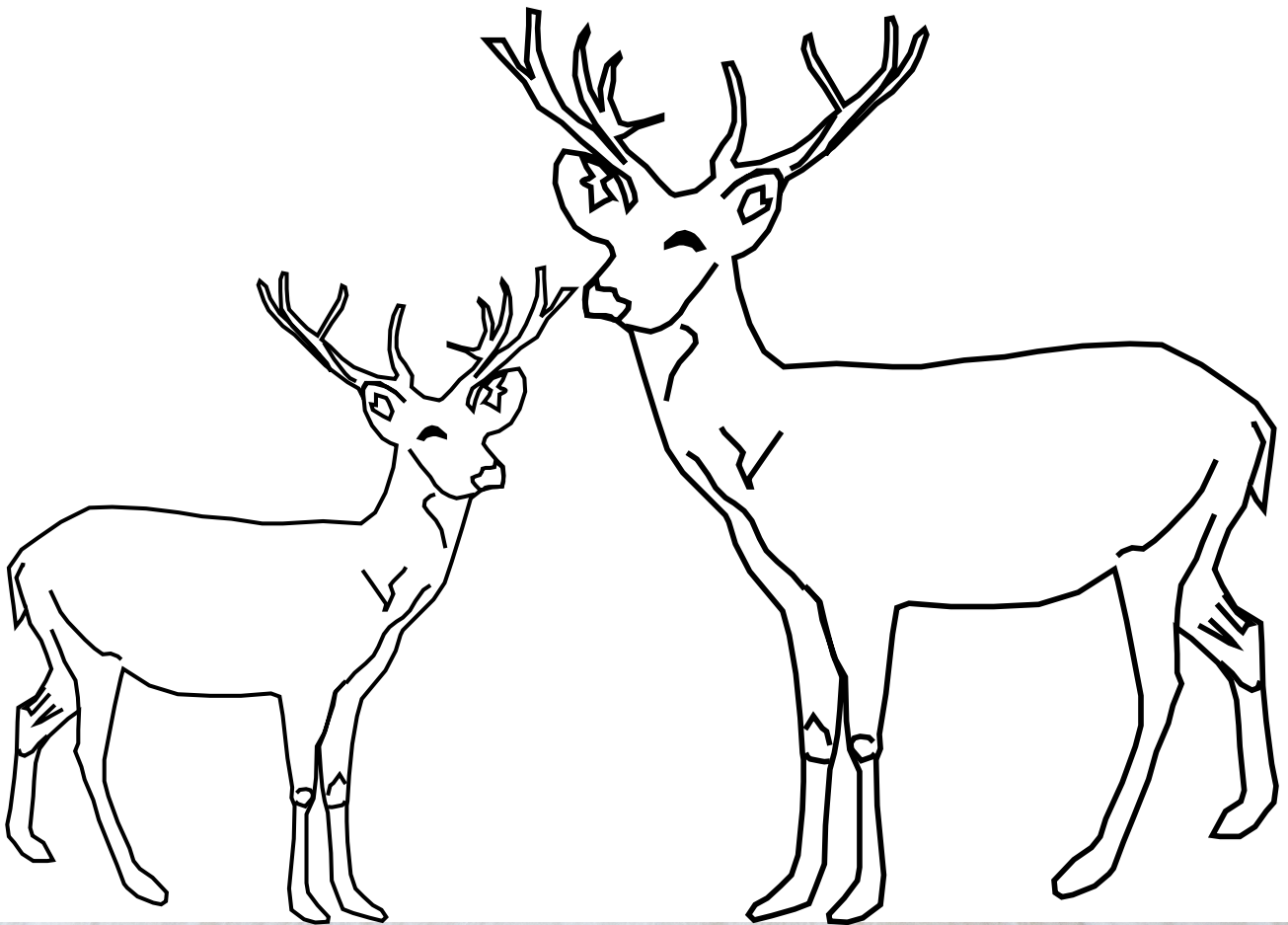




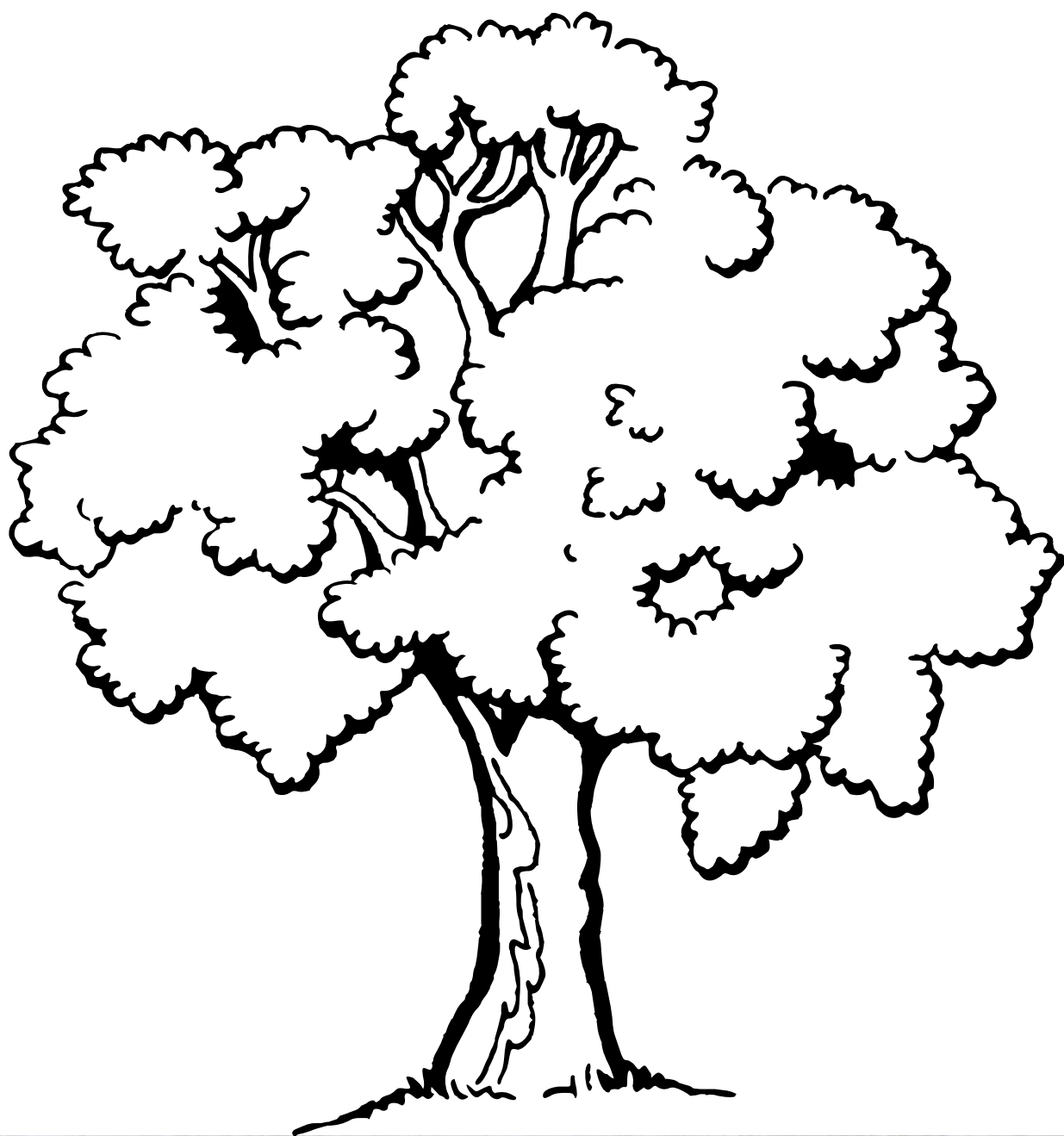














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