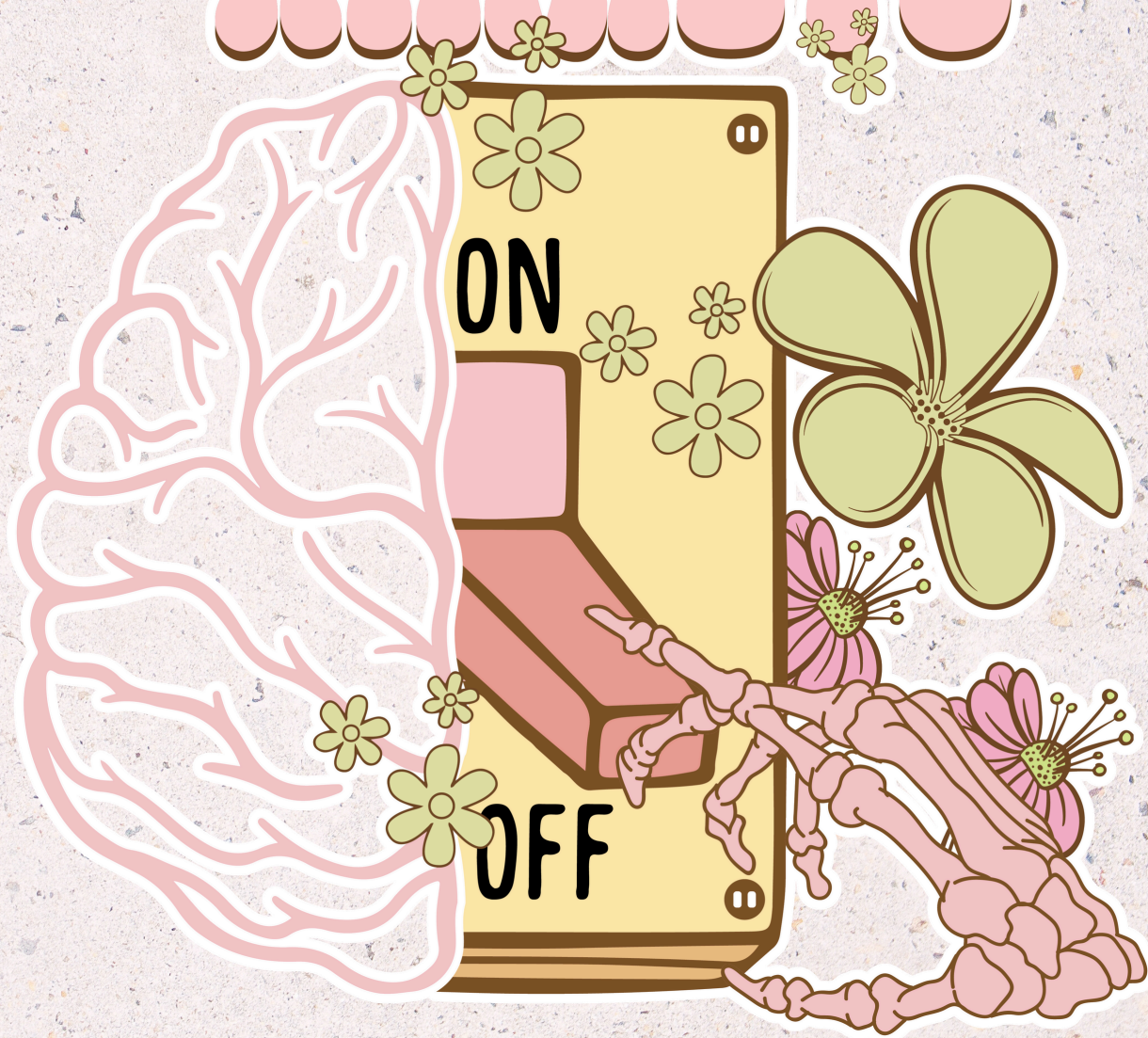
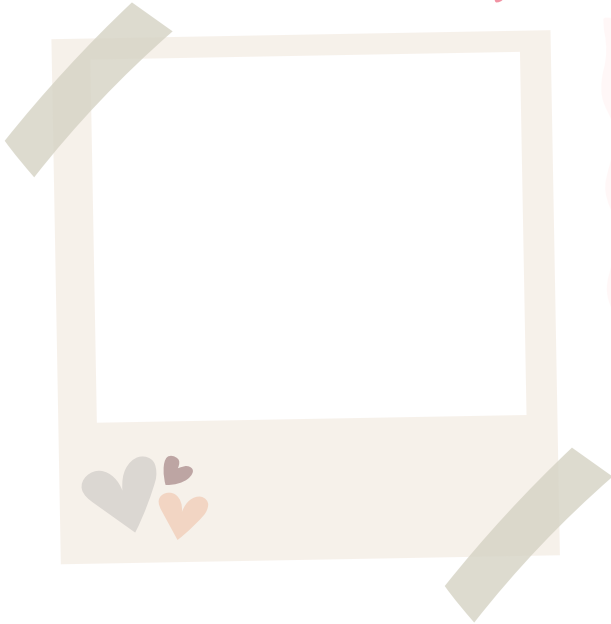


ANXIETY



ALL ABOUT ME

This is a picture of me



My name is

When I grow up, I want
to be a/an

I am _____ years old.

This year, I want to learn more about

1

2

3

STOP

Technique

S STOP

Take a Moment to Pause.

If you find yourself feeling anxious or overwhelmed, STOP what you're doing. It's essential to take a break from your current task and thoughts.

T TAKE A DEEP BREATH

Slowly inhale through your nose and then slowly exhale through your mouth. Repeat this as much as needed.

O OBSERVE

Observe what is happening in your body & mind. Take notes of the thoughts and feelings you're experiencing.

P PROCEED

Choose how you would like to proceed, focusing on activities or thoughts that make you feel calm and happy.

5-4-3-2-1

Grounding Technique

5⁵ THINGS YOU CAN SEE

4⁴ THINGS YOU CAN TOUCH

3³ THINGS YOU CAN HEAR

2² THINGS YOU CAN SMELL

1¹ THINGS YOU CAN TASTE

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?

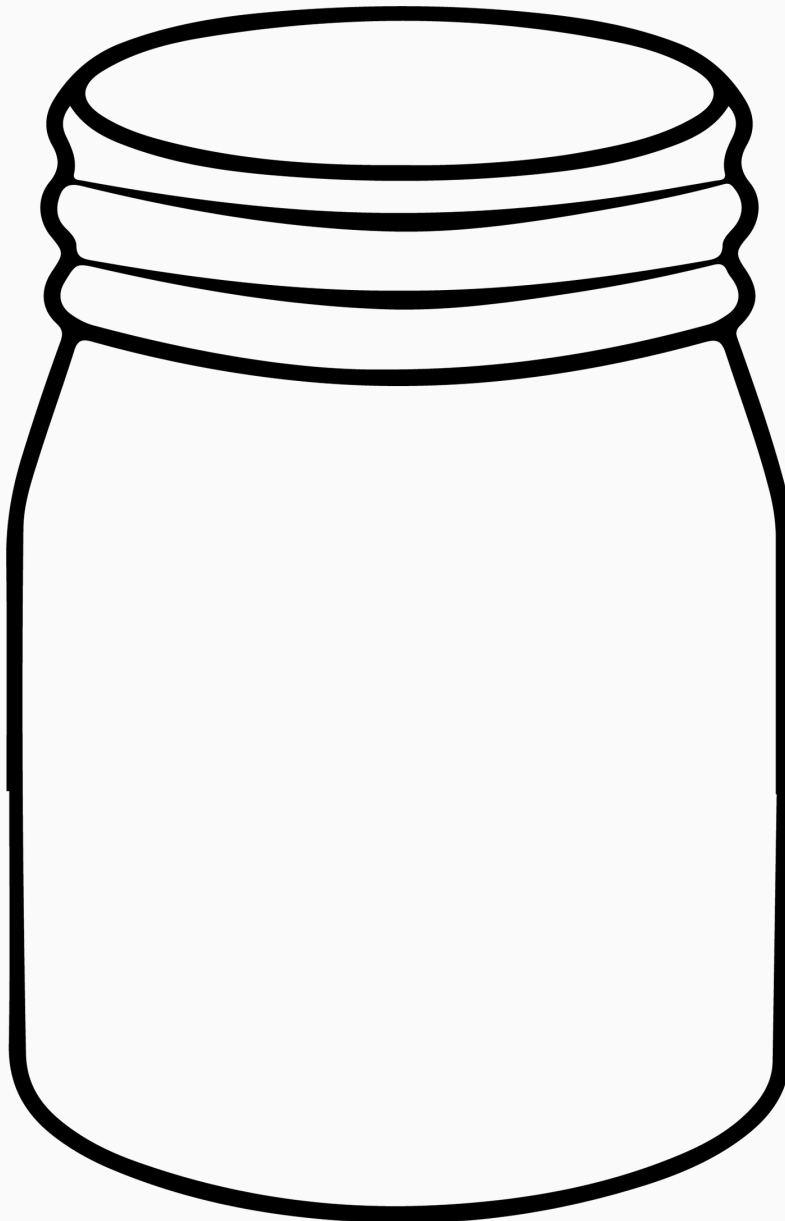
Name: _____

Class: _____

CHECK-IN

Managing Overwhelming Emotions:

It's completely normal to feel overwhelmed by emotions at times. Take a moment to check in with yourself and try to understand what you're feeling. Then, use a visual aid to represent your emotions by filling this container with colors that reflect the intensity of each feeling you're currently experiencing.



Angry = Red

Happy = Yellow

Sad = Blue

Nervous = Purple

Excited = Green

Calm = Orange

QUESTIONS TO MYSELF



WHAT ARE MY STRENGTHS?

WHAT DO YOU HOPE YOU GROW OUT OF?

WHO GIVES ME COMFORT?

DO YOU LOSE YOUR TEMPER EASILY?

WHAT DO I LOVE ABOUT MYSELF?

WHAT BRINGS YOU THE MOST JOY IN
LIFE?

ARE YOU CONFRONTATIONAL?

WHERE DO YOU SEE YOURSELF 10 YEARS FROM
NOW?

WHAT IS YOUR FAVORITE HOBBY?

WHAT IS YOUR FAVORITE MEMORY?

BRAIN DUMP

TO DO LIST

RANDOM THOUGHTS

TO CALL

TO TEXT

TO EMAIL

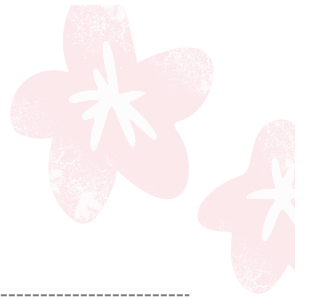
NEW IDEAS

RESEARCH

TO BUY

THINK AND MAKE A DECISION ABOUT

MY NOTES



A series of horizontal dashed lines for writing notes, spanning the width of the page.



MY JOURNEY PROMPTS

MY JOURNEY HAS JUST BEGAN
TODAY AND WILL LAST FOREVER

DATE:

MY TOP 3 SELF-GROWTH

MY TOP 3 STRENGTHS

TO-DO LIST

NOTE TO MYSELF

DATE: _____

S M T W T F S

GRATITUDE JOURNAL

TODAY I'M GRATEFUL FOR

● _____

● _____

● _____

TODAY'S AFFIRMATION

● _____

● _____

● _____

● _____

WATER INTAKE

● ● ● ● ● ● ● ● ● ●

1L 2L 3L

WEATHER



NOTES / REMINDERS

SOMETHING I'M PROUD OF

● _____

● _____

● _____

● _____

TOMORROW I LOOK FORWARD TO

● _____

● _____

● _____

● _____



MOTIVATION JOURNAL



MY MOTIVATION

1.
2.
3.

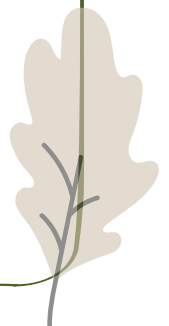
MY GOALS

☐☐☐

QUOTES
OF THE DAY



QUOTES
OF THE DAY



MY SELF-LOVE JOURNAL

DATE: SUN MON TUE WED THU FRI SAT

MY DAILY AFFIRMATIONS



WATER INTAKE



MOOD TRACKER



SELF-CARE LIST



☐

☐

☐

☐

☐

☐

PERSONAL DAILY NOTE



X

MY DREAM LIFE



FOCUS



NOTES



WRITE DOWN YOUR DREAM



X

DREAM JOURNAL



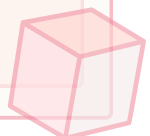
WHAT HAPPENED?



NOTES



MY INTERPRETATION



SELF LOVE AFFIRMATION

DATE:

THINGS I'M GRATEFUL FOR...

MOTIVATIONAL QUOTE

NOTE FOR ME

MY ACHIEVEMENTS

LIST OF AFFIRMATIONS

☐☐☐☐☐

×

WEEKLY AFFIRMATION

WELLNESS PLANNER

LIST OF AFFIRMATIONS

◀

▶

THINGS I'M GRATEFUL FOR

▲

▼

×

MY ACHIEVEMENTS

MOTIVATIONAL QUOTE

◀

▶

YOGA ROUTINE

DATE:

MORNING YOGA FLOW:

ROUTINES:



EVENING YOGA FLOW:

NOTES:

HEALTH AND WEALTH

	MON	TUE	WED	THU	FRI	SAT	SUN
WEIGHT							
HOUSE OF SLEEP							
WATER INTAKE							
EXERCISE							
ENERGY							
MEALS							
OTHERS							

RESPONDING TO QUESTIONS USING "HAVE TO"

BELOW ARE QUESTIONS ABOUT THINGS THAT YOU HAVE TO DO. ANSWER THEM IN COMPLETE SENTENCES.

1. WHAT DO YOU HAVE TO DO TOMORROW?

2. WHERE DO YOU HAVE TO GO ON SATURDAY?

3. WHY DO YOU HAVE TO STUDY ENGLISH?

4. WHEN DO YOU HAVE TO GO TO BED?




































5. WHAT DO YOU HAVE TO WEAR TO SCHOOL?

6. WHY DO YOU HAVE TO BRUSH YOUR TEETH?

7. HOW MUCH MONEY DO YOU HAVE TO SAVE?

8. HOW MANY BOOKS DO YOU HAVE TO READ?

MOOD TRACKER

MY ACTIVITY	MY MOOD				
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

NOTE & REMINDER

VISION PLANNER

CORE PURPOSE :

CORE VALUES

1

2

3

4

5

WHO WE SERVE

WHAT'S IMPORTANT NOW

NORTH STAR GOAL

WHY WE'LL WIN

1 YEAR GOAL

FUTURE DATE

REVENUE

PROFIT

3 YEAR GOAL

FUTURE DATE

REVENUE

PROFIT

30-DAY SELF-CARE

CHALLENGE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
GO ON A LEISURELY WALK ALONE	DECLUTTER 10 ITEMS	CREATE A VISION BOARD	BE GOOD TO SOMEONE YOU LOVE	START A NEW INSPIRING BOOK
DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
GET A MASSAGE	DETOX FROM SOCIAL MEDIA	DO A RANDOM ACT OF KINDNESS	HYDRATE WITH 8 GLASSES OF WATER	COMMIT TO A DAY OF EATING HEALTHY
DAY 11	DAY 12	DAY 13	DAY 14	DAY 15
TRY SOMETHING NEW	FIND A QUIET SPOT AND READ	GET AN EXTRA HOUR OF SLEEP	CREATE A FITNESS GOAL	MEDITATE FOR 10 MINUTES
DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
CREATE A MORNING ROUTINE	UNPLUG FOR 12 HOURS	DO SOMETHING SPONTANEOUS	SKIP THE ADDED SUGAR	WRITE 3 INTENTIONS FOR YOURSELF
DAY 21	DAY 22	DAY 23	DAY 24	DAY 25
CREATE A BEDTIME ROUTINE	START YOUR DAY WITH GRATITUDE	IDENTIFY THREE STRESSORS	SEND A "THANK YOU" NOTE	ENGAGE IN SELF-REFLECTION
DAY 26	DAY 27	DAY 28	DAY 29	DAY 30
TAKE A PERSONAL DAY	CALL A FRIEND	GIVE YOURSELF A DAILY FACIAL	WATCH SUNSET OR SUNRISE	MAKE A WISH

DAILY HABITS

WEEK OF

[illegible][illegible][illegible]

HABIT TRACKER

WELLNESS TRACKER

MONTH

WEEK

SELF-CARE ACTIVITY

[illegible]

SLEEP TRACKER

	TIME SLEPT	HOURS SLEPT	ENERGY LEVEL
S	_____	_____	    
M	_____	_____	    
T	_____	_____	    
W	_____	_____	    
T	_____	_____	    
F	_____	_____	    
S	_____	_____	    

GRATITUDE LIST

HABIT TRACKER

[illegible]

[illegible]

WATER TRACKER

SLEEP TRACKER

J F M A M J J A S O N D YEAR :

[illegible]

DOCTOR VISITS

Date :

Time :

PATIENT : _____

AGE : _____

HOSPITAL : _____

HEIGHT : _____

DOCTOR : _____

WEIGHT : _____

CONTACT INFO : _____

HEART RATE : _____

LOCATION : _____

BLOOD PRESSURE : _____

REASON FOR VISIT

DOCTOR'S COMMENTS

PRESCRIPTION & INSTRUCTIONS

FOLLOW UP



DATE :

TIME :

WEEKLY HEALTH PLANNER

DATE	MEDICATION	TIME	TAKEN
MON /			
TUE /			
WED /			
THU /			
FRI /			
SAT /			
SUN /			

PLANNER

MONTH: _____

MON

TUE

WED

THU

FRI

SUN

SAT

HABIT TRACKER

TO DO LIST

01 _____

0203 _____04

NOTES:



MONTHLY GOALS

MONTH :

FOCUS

GOAL

ACTIONS STEPS

GOAL

ACTIONS STEPS

GOAL

ACTIONS STEPS

TASK LIST

NOTES

WEEKLY PLANNER

WEEKLY PRIORITIES

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

NOTES

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

CHECKLIST

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

APPOINTMENT

REMINDER

DAILY PLANNER

DATE :

WEATHER :     

S M T W T F S

TO DO LIST

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

MOOD



EXERCISE

TOTAL
MINUTES :

TOTAL
STEPS :

WATER TRACKER



TODAY, I'M GRATEFUL FOR

GOALS

- ☐
- ☐
- ☐

NOTES

FOR TOMORROW

TO-DO-LIST Planner

DATE :

IMPORTANT

NOTES

NOTES

BUCKET LIST

TRAVEL

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

NEW EXPERIENCES

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

EXERCISE/SPORTS

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

HELPING OTHERS

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

EDUCATION

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

NOTES

VISION BOARD



MAKE IT HAPPEN



WEALTH

Progression : ○ ○ ○ ○

PASSION

Progression : ○ ○ ○ ○

HEALTH

Progression : ○ ○ ○ ○

LOVE

Progression : ○ ○ ○ ○

FAMILY

Progression : ○ ○ ○ ○

CAREER

Progression : ○ ○ ○ ○

[illegible]

WEEKLY AFFIRMATIONS

"POSITIVE AFFIRMATIONS WILL LEAD YOU TO A PROSPEROUS PATH."

WEEK:

MONDAY		TUESDAY	

WEDNESDAY		THURSDAY		FRIDAY	

SATURDAY		SUNDAY	

DAILY AFFIRMATION

DATE:

THINGS I AM GRATEFUL FOR TODAY

THINGS I WANT TO CHANGE

SELF-CARE PLAN

GOALS FOR MY MIND

GOALS FOR MY BODY

MIND

MENTAL HEALTH
MINDFULNESS AND
SELF KNOWLEDGE

SOUL
STIMULATION AND
FULFILLMENT

BODY

SELF-CARE
BASIC HYGIENE
AND BODY CARE

IMPROVEMENT
EXERCISE, SLEEP
AND HEALTHY FOOD

GOOD RULES & HABITS I WANT TO LIVE BY

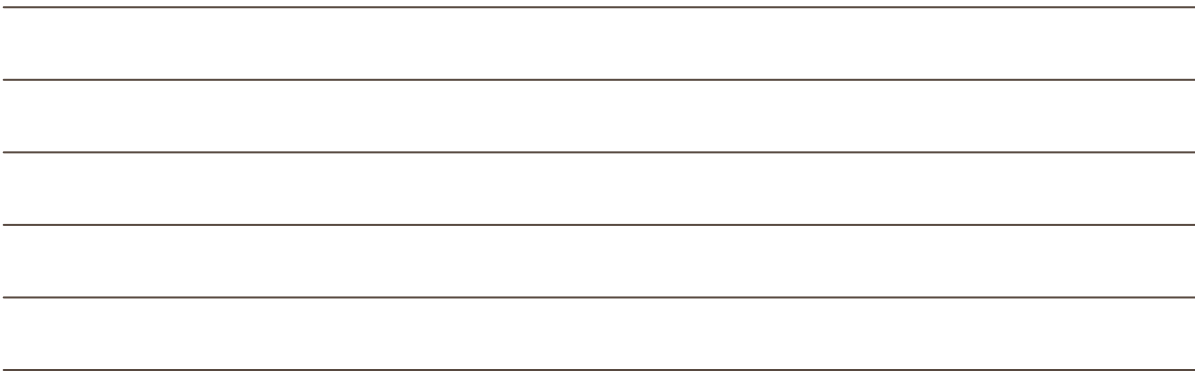


SELF ASSESSMENT

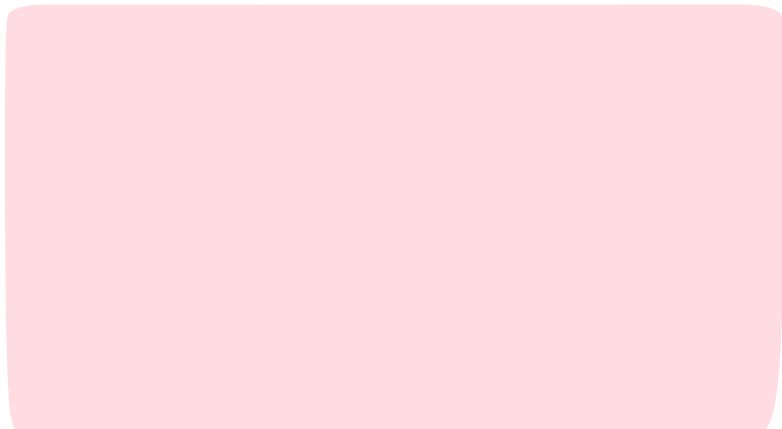
HOW DO I FEEL AT THIS MOMENT ? _____



WHAT AM I PUTTING OF ? _____



QUOTE



SELF-CARE PRACTICE

NAME :

DATE :

EMOTIONAL SELF-CARE

THINGS I LIKE

THINGS I DON'T LIKE

SELF-CARE NOTES

APPOINTMENT



DEAR MY FUTURE SELF

TODAY'S DATE

.....

DEAR ME,

INSTRUCTION

WRITING A LETTER TO YOUR
FUTURE SELF IS A FUN
EXERCISE THAT LETS YOU
REFLECT ON YOUR
CURRENT LIFE, AS WELL AS
YOUR GOALS AND DREAMS.

DECIDE HOW OLD DO YOU
WANT YOUR FUTURE SELF
TO BE WHEN YOU READ THIS
LETTER
AND STORE IT SOMEWHERE
SAVE UNTIL THEN.



SINCERELY,
MYSELF

SOUL STUFF NOTES

INSTRUCTION
FILL THESE SPACE WITH
YOUR FAVORITE ACTIVITIES
& THINGS
TO FALL BACK ON WHEN
YOU'RE
IN A BAD MOOD AND HAVING
A NOT-SO-GOOD DAY.

MY FAVORITE

FAVORITE MOVIES

- ▶
- ▶
- ▶

FAVORITE BOOKS

- ▶
- ▶
- ▶

FAVORITE GAMES

- ▶
- ▶
- ▶

THINGS I DO WHEN I'M SAD

.....

.....

.....

THINGS I DO WHEN I'M BORED

.....

.....

.....

THIS YEAR I'M LOOKING FORWARD TO

30 SELF-CARE CHALLENGES

<input type="checkbox"/> STRETCH ALL YOUR MUSCLES	<input type="checkbox"/> DRINK MORE WATER	<input type="checkbox"/> GO FOR A WALK IN NATURE	<input type="checkbox"/> INDULGE IN YOUR FAVORITE TREAT	<input type="checkbox"/> GO TO BED EARLIER
<input type="checkbox"/> LISTEN TO FAVORITE SONG	<input type="checkbox"/> EAT VEGETARIAN 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"/> JOURNALING	<input type="checkbox"/> GIVE YOURSELF A FACIAL	<input type="checkbox"/> PRACTICE GRATITUDE	<input type="checkbox"/> TRY A DIY PROJECT
<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"/> GIVE YOURSELF A MANICURE
<input type="checkbox"/> GET SOME SUNLIGHT	<input type="checkbox"/> START A NEW HOBBY	<input type="checkbox"/> WRITE OUT YOUR GOALS	<input type="checkbox"/> ORGANIZE YOUR CLOSET	<input type="checkbox"/> WATCH THE SUNSET
<input type="checkbox"/> GIVE YOURSELF A BREAK	<input type="checkbox"/> LEARN A NEW SKILL	<input type="checkbox"/> CREATE YOUR IDEAL FUTURE	<input type="checkbox"/> SURROUND YOURSELF WITH POSITIVITY	<input type="checkbox"/> DRINK PLENTY OF WATER

GOAL ACTION PLAN



GOAL

WHY

MOTIVATION



START DATE

DEADLINE

REWARD



OBSTACLES TO OVERCOME

RESOURCES



BIG STEPS

LITTLE STEPS

NOTES



MONTHLY REFLECTION

MONTHLY FOCUS

HIGHLIGHT

HIGHLIGHT

PERSONAL GROWTH



MONEY



HEALTHY



GOAL



IMPROVEMENT

SELF-CARE GOALS

S M T W T F S

WHAT DOES SELF CARE MEAN TO ME?

WHAT IS THE PURPOSE BEHIND MY SELF-CARE GOALS?

WHAT MOTIVATES ME TO ACHIEVE THEM?

HABITS TO START

HABITS TO STOP

MAKE BED

WASH FACE

BRUSH TEETH

GO OUTSIDE

WORKOUT

CLEAN UP

SHOWER

TAKE VITAMINS

MEDITATE

DRINK WATER

SLEEP EARLY

DO SKINCARE

BOOK WISHLIST

TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
TITLE		PRICE	BOUGHT
AUTHOR			
NOTES			

READING LOG

TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
TITLE		DATE	PAGE
AUTHOR			
NOTES			

MORNING CHECKLIST



DO A FULL-BODY STRETCH

MEDITATE FOR 10 MINUTES

MAKE A HOT CUP OF TEA

MAKE YOUR BED

GO OUTSIDE FOR A FEW MOMENTS

EAT A WHOLESOME BREAKFAST

EXERCISE OR GO TO THE GYM

MAKE A TO DO LIST

MORNING

Routine

- ☐ WAKE UP EARLY.
- ☐ DRINK A GLASS OF WATER.
- ☐ STRETCH AND DO SOME LIGHT EXERCISE.
- ☐ MAKE YOUR BED.
- ☐ EAT A NUTRITIOUS BREAKFAST.
- ☐ TAKE A SHOWER AND GET DRESSED.
- ☐ GET ORGANIZED FOR THE DAY.
- ☐ SET GOALS AND PLAN YOUR DAY.

"Have a positive attitude and
enjoy your day!"



BEDTIME

Routine

- ☐ *Brush your teeth and floss*
- ☐ *Wash your face and remove makeup*
- ☐ *Change into comfortable sleepwear*
- ☐ *Dim the lights and turn off electronics*
- ☐ *Stretch or do some light exercise*
- ☐ *Set a relaxing atmosphere*
- ☐ *Read a book or listen to calming music*
- ☐ *Get into bed*



MY PRIORITIES

PRIORITY 1

ACTION STEPS 1

PRIORITY 2

ACTION STEPS 2

♥ DAILY SELF REFLECTION ♥

DATE

DAY BY DAY, MY SELF IS IMPROVING

WHAT ENERGIZES YOU?

.....

.....

.....

.....

.....

WHAT YOU'RE GRATEFUL FOR?

.....

.....

.....

.....

.....

**WHAT DO YOU WANT TO REMEMBER ABOUT
TODAY?**

.....

.....

.....

.....

.....

APPOINTMENTS








S I M I T I W I T I F I
S
DATE

7 A.M.	
8 A.M.	
9 A.M.	
10 A.M.	
11 A.M.	
12 A.M.	
01 P.M.	
02 P.M.	
03 P.M.	
04 P.M.	

NOTES

HEALTH HABIT

WEEK OF _____

	M E N U P L A N N E R	W O R K O U T	W A T E R I N T A K E
Monday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Tuesday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Wednesday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Thursday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Friday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Saturday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Sunday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	

BLOOD PRESSURE TRACKER

NAME: _____

MONTH: _____

MEDICAL APPOINTMENT LOG

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

MEDICATION LOG

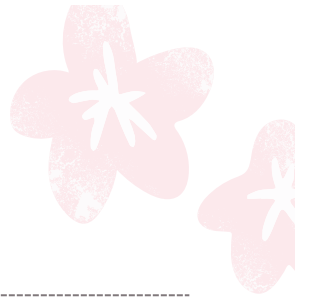


NAME: _____

DATE: _____

#	MEDICATION / SUPPLEMENT	DOSE	DIRECTIONS	NOTES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

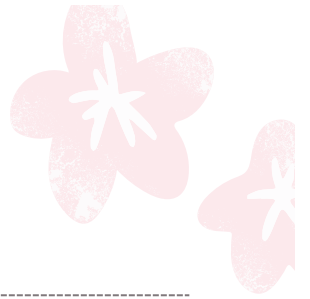
MY NOTES



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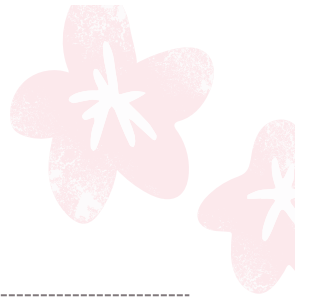
MY NOTES



A series of horizontal dashed lines for writing notes, spanning the width of the page.



MY NOTES



A series of horizontal dashed lines for writing notes, spanning the width of the page.

