

Mental Health

Planner



This Book Belongs To

Habit Tracker

WEEK OF

Sleep Tracker

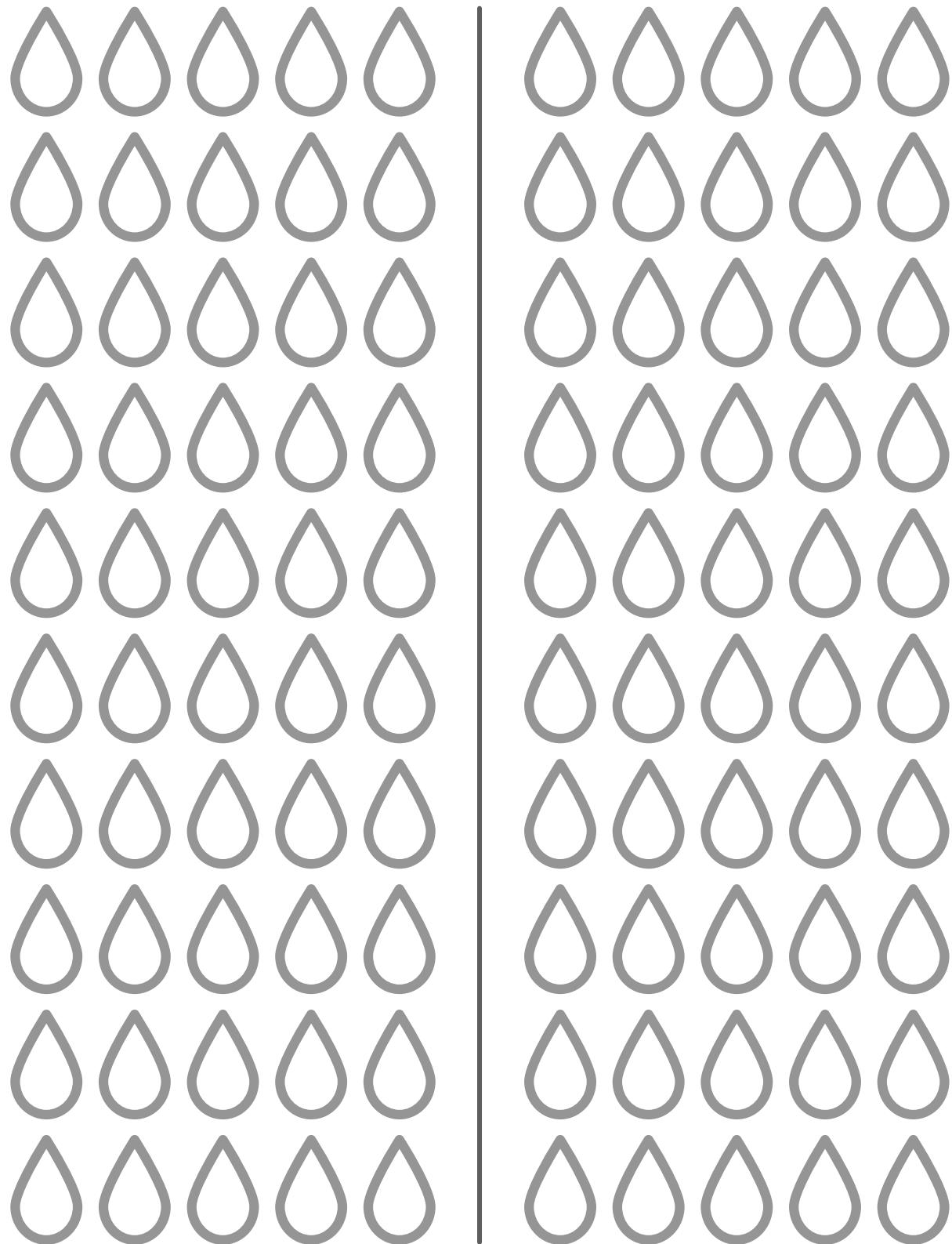
MONTH OF:

YEAR:

Monthly Sleep Tracker

Month

Water Tracker



Personal Water Tracker

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Therapy Notes

[REDACTED]

Important

Notes

Daily Manifestation

I WANT TO MANIFEST:

MY PRAYER TO THE UNIVERSE:

VISUALIZATION:

I see	<input type="text"/>
I have	<input type="text"/>
I feel	<input type="text"/>

MY DAILY AFFIRMATIONS

1. -----
2. -----
3. -----

ACTION PLAN

1. -----
2. -----
3. -----

Self Care Journal

MONTH:

YEAR:

AFFIRMATIONS

I'M PROUD OF MY...

I'M GRATEFUL FOR...

NOTE TO SELF:

.....

.....

.....

.....

Self-care Intention

Physical Self-care

Emotional Self-care

Spiritual Self-care

Intellectual Self-care

Social Self-care

Environmental Self-care

Subject Notes

-
-
-

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Participate in hobbies

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Go on vacations or day-trips

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Find reasons to laugh

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Talk about my problems

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Learn new things, unrelated to work or school

1. 2. 3. ★ Social Self-Care

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

Spend time with people who I like

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Meet new people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overall social self-care

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Keep in touch with old friends

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ask ofthers for help, when needed

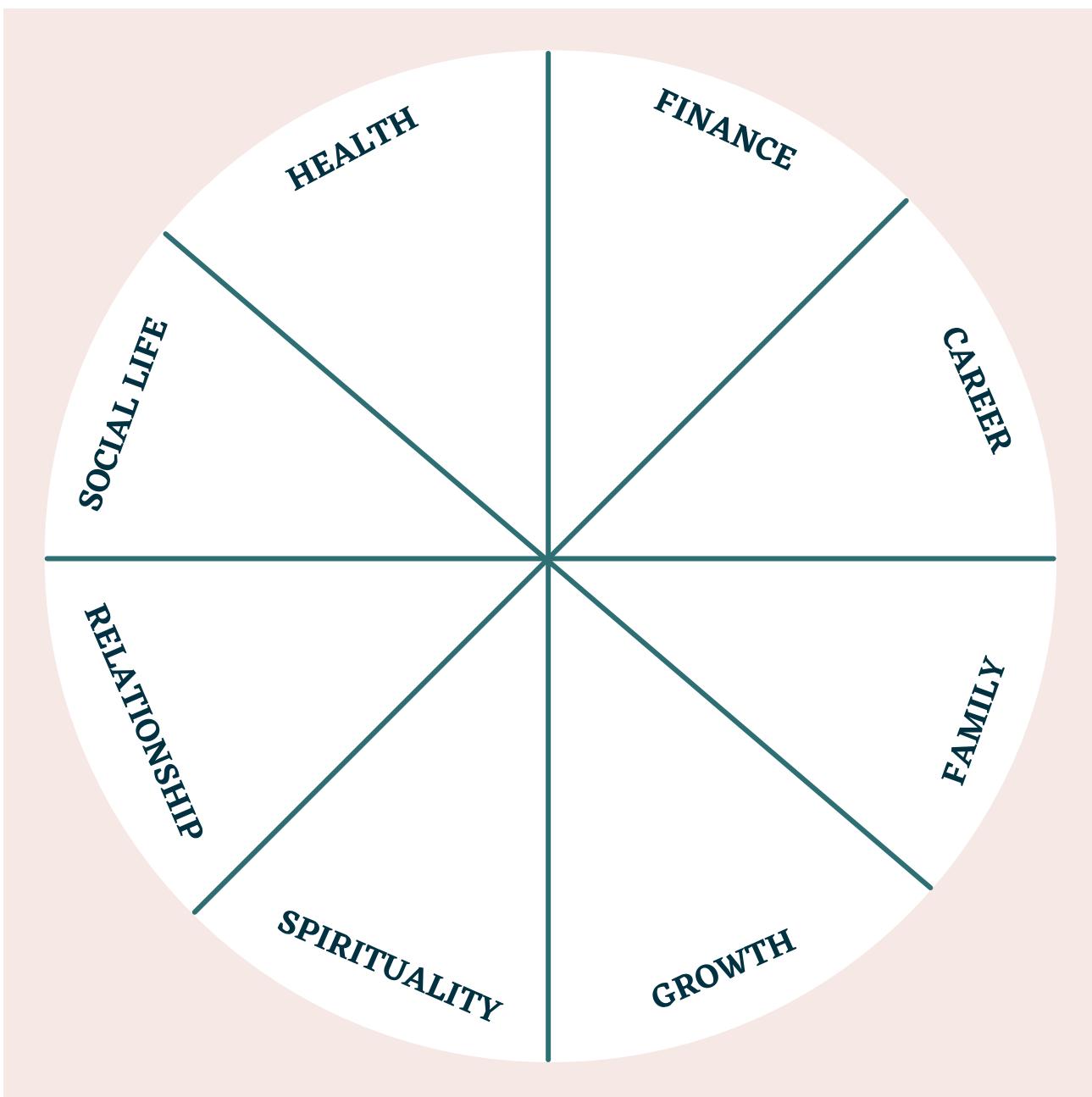
30 Day Self-Care Challenges

<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"/> Eat your favorite treat	<input type="checkbox"/> Go to bed early
<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

Wheel Of Life

Assess Your Life

Assess your level of full for each theseoreas 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

*Be gentle with
yourself.*

My Schedule

Note For Today

Medication Tracker

Goal Planner

START DATE:

END DATE:

MY GOALS

AFFIRMATION/QUOTE

ACTION PLANS

Reframe My Thoughts

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

Symptoms Tracker

My Anxiety

3 THINGS THAT TRIGGER MY ANXIETY

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.....

.....

3 THINGS I TEND TO HAVE WHEN ANXIOUS

.....

.....

.....

3 PHYSICAL SYMPTOMS I HAVE WHEN ANXIOUS

.....

.....

.....

Anxiety Checklist

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 am capable and prepared"

"I am prepared and ready for this situation."

"People assume 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"

Deep Breath Assistance

My Mindset

Thoughts That Help Me Grow

Thoughts That Won't Help Me Grow

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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 vs. Mental ILLNESS

Physical Illness

Any physical condition that significantly impacts one's daily activities.

Examples

Flu

Broken Bone

Food Allergy

Ways to Address

Medical Consultation

Physical therapy

Medications

Mental Illness

Any condition affecting emotion, thinking, or behavior and influencing how a person functions.

Examples

Anxiety

Depression

Attention-Deficit/Hyperactivity Disorder (ADHD)

Ways to Address

Medical Consultation

Behavior therapy

Medications

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

Anxiety Log

Worry Exploration

I worrying about something going to stop happening?

Is there anything can physically do to sort the problem eot? If so what?

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

Now that you leave challenged the worry? How has it changed

Mindfulness Worksheet

My Judgements, Interpretations assumptions	My feelings, sensation and facts

Acceptance Worksheet

Realities that I'm refusing to accept	Ways to accept the reality

Deep Breathing

Mental Health Checklist

Positive Thoughts

My Main Goals

Leisure

Family

Friends

Describe how yours Life wit be different when you accomplish your goals

My Main Goals

Frances	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	_____
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Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

Breakfast	_____
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Rate your day	○ ○ ○ ○ ○

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Rate your day	○ ○ ○ ○ ○

Breakfast	_____
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Dinner	_____
Snacks	_____
Rate your day	○ ○ ○ ○ ○

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

Notes: _____

Daily Planner

Do more of what you love

DATE

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TOP 3 PRIORITIES

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REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES

-
-
-

Period Tracker

KEY	
	SPOTTING
	LIGHT
	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

C Y C L E L E N G T H	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES

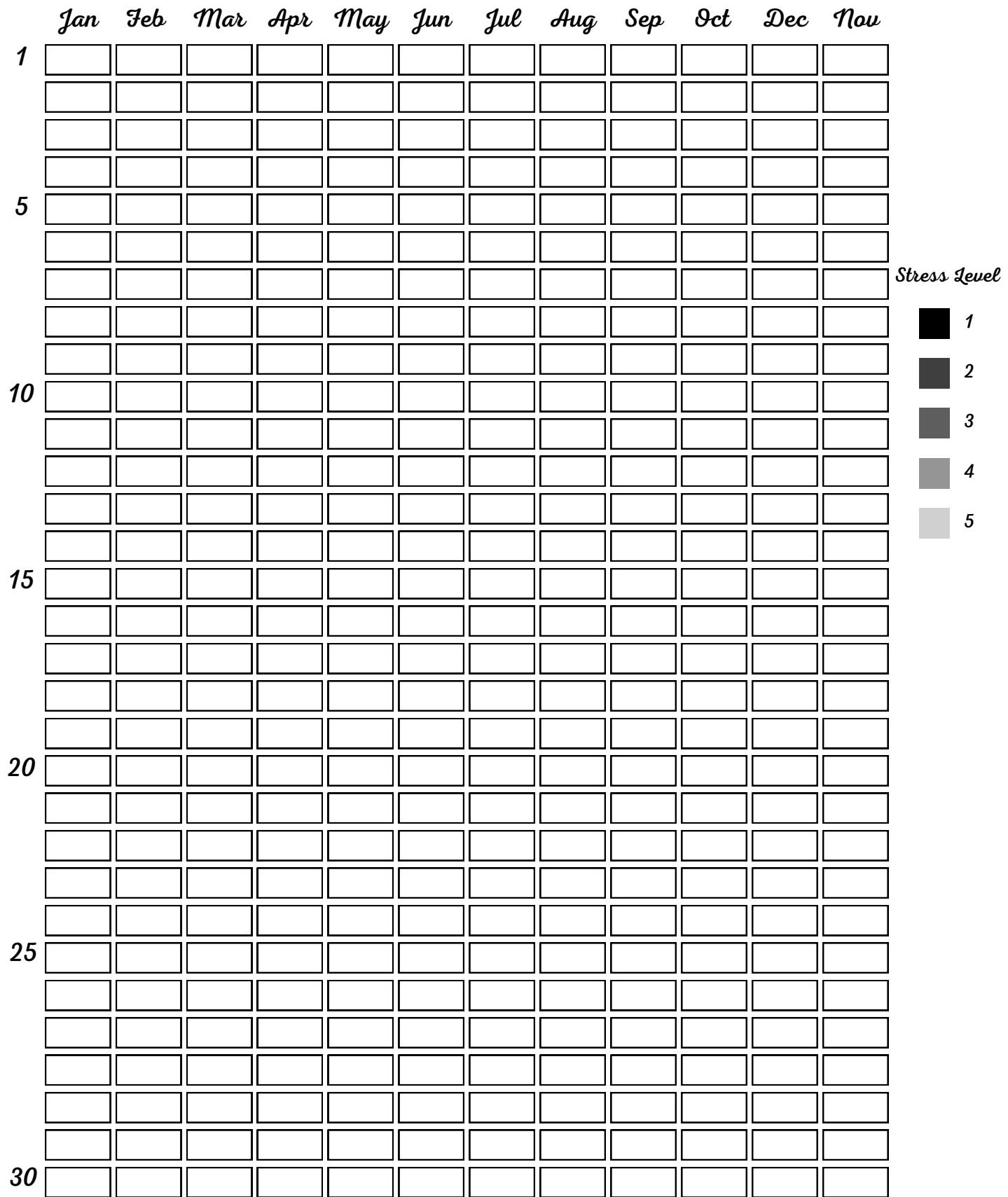
Problem Solving

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

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

<i>Chooses Solution</i>	<i>Next Steep</i>

Stress Level Tracker



Stress Tracker

Manifestation Worksheet

How can i reach my goal

My primary goal

Why do I want this?

What will like be like once i have manifested my

Health Habit

WEEK OF _____

	MENU PLANNER	WORKOUT	WATER INTAKE
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	    

Expenses Log

A Letter To My Self

Signature:

Journal Entry

Date:

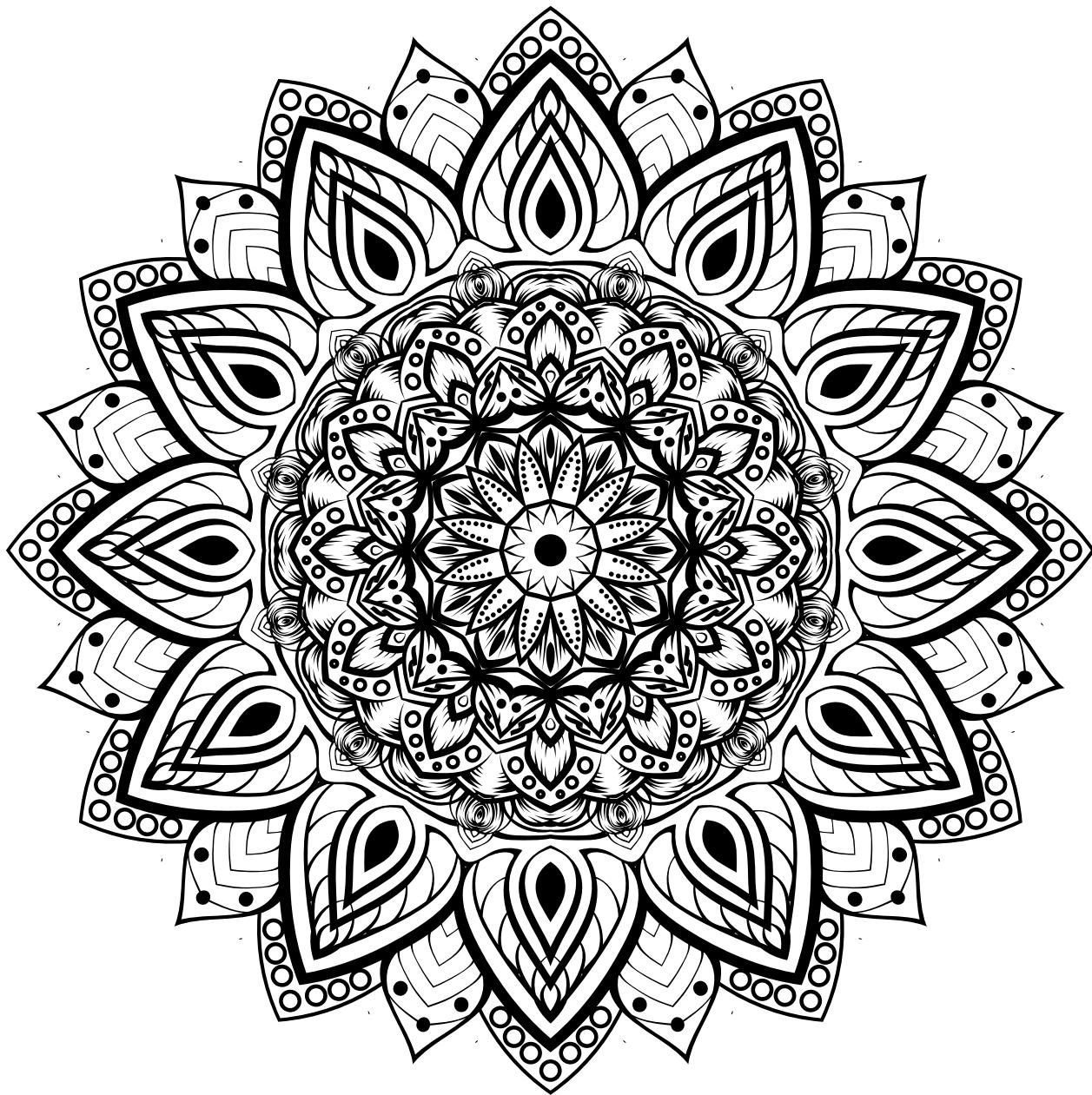
Topic:

Daily Gratitude

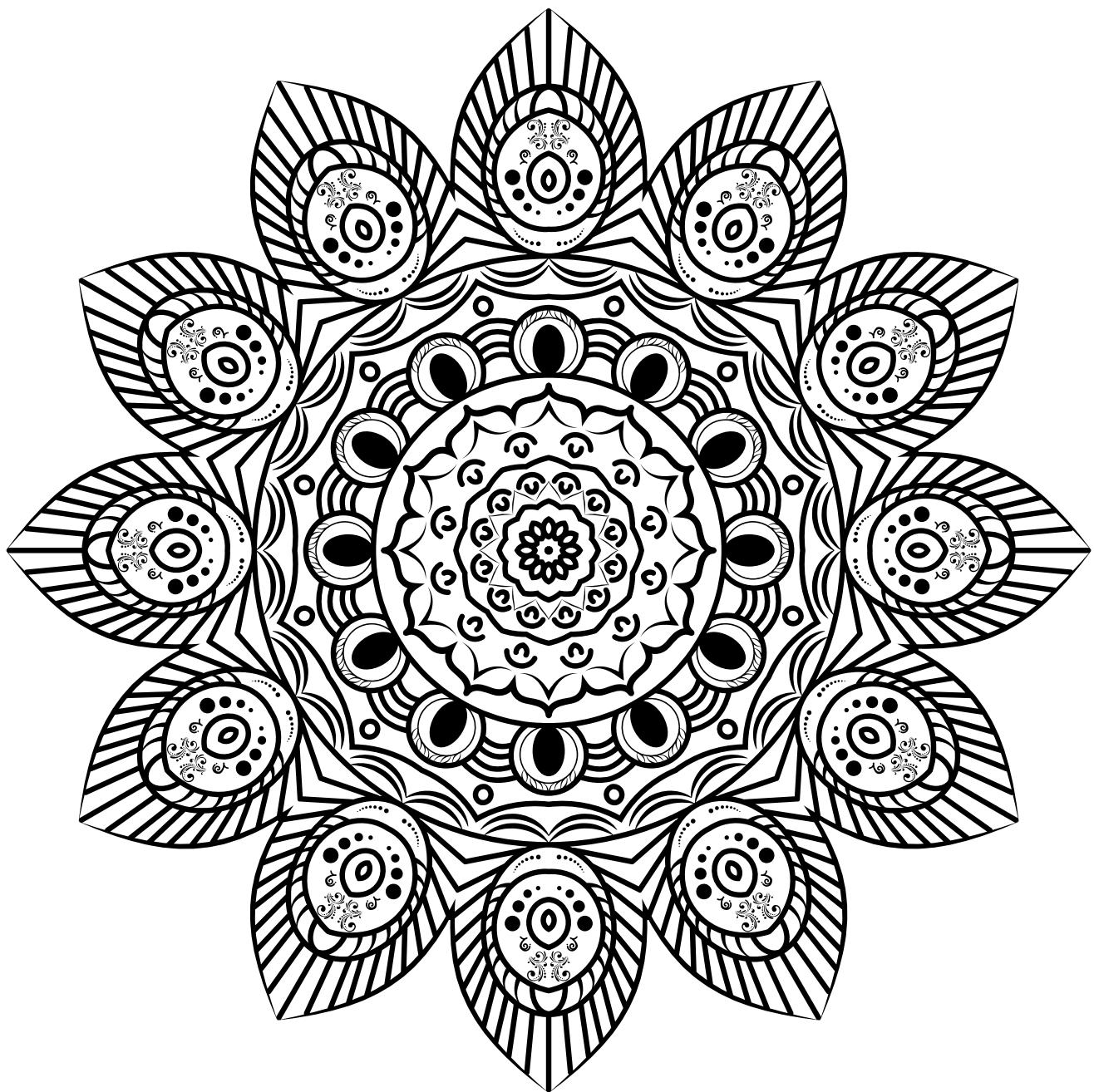
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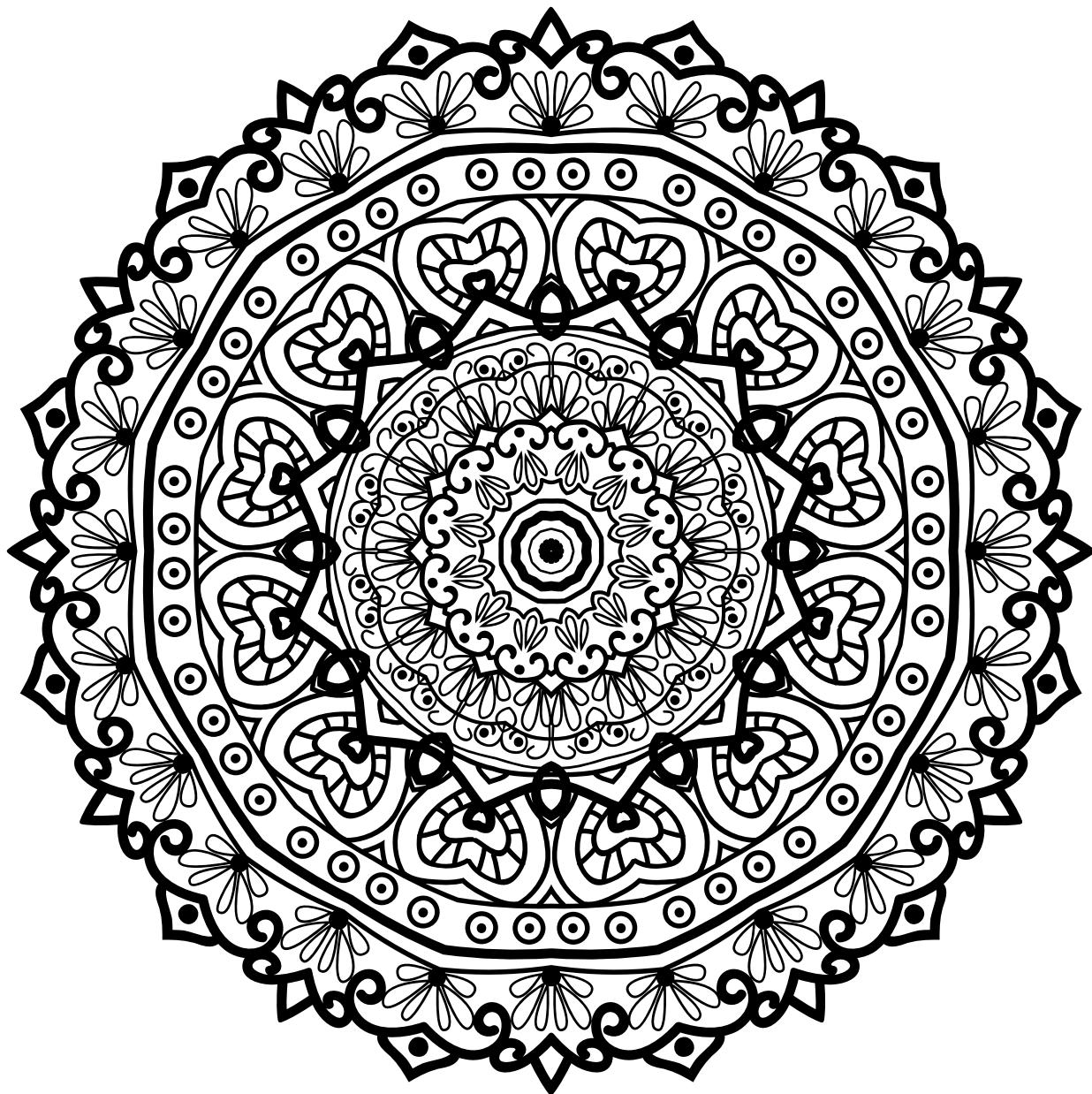
Stress Relief Coloring Page



Stress Relief Coloring Page



Stress Relief Coloring Page



Stress Relief Coloring Page



Stress Relief Coloring Page



