

2025-2026
MENTAL HEALTH
& SELF CARE
planner



THIS BOOK BELONGS TO

2025 CALENDAR

JANUARY 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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FEBRUARY 2025						
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MARCH 2025						
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APRIL 2025						
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MAY 2025						
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JUNE 2025						
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JULY 2025						
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AUGUST 2025						
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SEPTEMBER 2025						
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OCTOBER 2025						
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NOVEMBER 2025						
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DECEMBER 2025						
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JANUARY 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
30	31	1	2	3	4	5
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20	21	22	23	24	25	26
27	28	29	30	31	1	2

NOTES	TO DO

FEBRUARY 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
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NOTES	TO DO

MARCH 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
27	28	29	30	31	1	2
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NOTES	TO DO

APRIL 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
31	1	2	3	4	5	6
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21	22	23	24	25	26	27
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NOTES	TO DO

MAY 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
28	29	30	1	2	3	4
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19	20	21	22	23	24	25
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NOTES	TO DO

JUNE 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
26	27	28	29	30	31	1
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NOTES	TO DO

JULY 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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NOTES	TO DO

AUGUST 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
28	29	30	31	1	2	3
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NOTES	TO DO

SEPTEMBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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NOTES	TO DO

OCTOBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
29	30	1	2	3	4	5
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NOTES	TO DO

NOVEMBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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NOTES	TO DO

DECEMBER 2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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NOTES	TO DO

2026 CALENDAR

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FEBRUARY 2026						
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MARCH 2026						
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NOTES	TO DO

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31	1	2	3	4	5	6

NOTES	TO DO

SEPTEMBER 2026

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31	1	2	3	4	5	6
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NOTES	TO DO

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28	29	30	1	2	3	4
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NOTES	TO DO

NOVEMBER 2026

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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NOTES	TO DO

DECEMBER 2026

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21	22	23	24	25	26	27
28	29	30	31	1	2	3

NOTES	TO DO

All About Me

HELLO! MY NAME

IS:

THIS IS ME!

I AM _____ YEARS OLD

I LIVE IN _____

I HAVE:

I AM VERY GOOD AT:

MY FAVORITE COLOR IS:

A FUN FACT ABOUT ME:

I LIKE:

MY FAVORITE FOOD IS:

I
DON'T LIKE:

MY FAVORITE THING ABOUT
ME IS:

How to self care Mental Health

There are many ways to practice self-care for your mental health

1 EXERCISE



2 MEDITATION



3 TALKING TO A THERAPIST



4 GETTING ENOUGH SLEEP



5 ENGAGING ACTIVITIES THAT BRING YOU JOY



6 EATING NOURISHING FOODS



Prioritizing self-care and reaching out for assistance when necessary is essential.

4 Tips For Maintaining Good Mental Health

Follow Your
Routine

You can avoid being overwhelmed if you are prepared and plan your time.

Communication
is a must

Social networks or support systems that let you rationalize your feelings will help make you feel normal.

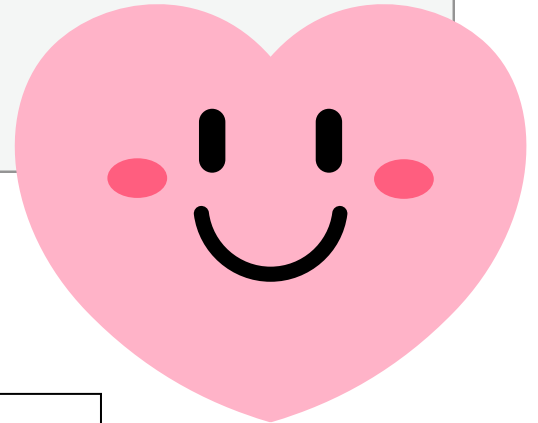
Take a deep
breath

Take time to breathe deeply or meditate to connect to your feelings and bring back a sense of calm.

Be Kind To Your
Body

Mental resilience is greatly enhanced by a healthy diet and a regular sleep schedule.

Tips for Getting Better in Life



Plan your week

A weekly plan will help you feel more focused and gain a better perspective.

Make to-do lists

Creating a to-do list is the best way to keep track of everything you need to do.

Organize your idea

Writing down ideas improves the chances of remembering them and putting them into action.

Take a vacation

Plan your dream vacation stress-free and smoothly with our expert tips and advice.

5 Tips to Increase Your Happiness and Wellbeing

Spend time with loved ones:

It is one of the quickest and easiest ways to increase our happiness levels.

Exercise:

Exercise releases endorphins, which have mood-boosting effects.

Help others:

Doing good deeds for others has been shown to increase happiness levels.

Connect with nature:

Spending time in nature has been linked with increased happiness and well-being.

Practice gratitude:

Expressing gratitude has been shown to increase levels of happiness and satisfaction.







Daily Health

DATE _____

BODY CARE

BREAKFAST		SNACK
LUNCH		
DINNER		

SPORT





DON'T FORGET

1	
2	
3	

SLEEP AT	WAKE UP AT

MENTAL CARE

TODAY WAS	TOMORROW WILL

APPOINTMENTS

Self-care Checklist

Date _____

MO TU WE TH FR SA SU

My sleep last night was



Approx. hours

Get up time

Cups of water



Eye exercises



Day to do list

- Brush teeth and wash face
- Eat breakfast and lunch
- Move my body or take a walk
- Get done work tasks
- Open a window and get fresh air
- Time off screens

Evening to do list

- Read 20 pages of a book
- Write to my journal
- Meditate for 10 minutes
- Workout for 30 minutes
- Brush teeth and wash face
- Take a shower

How I was feeling today

Daily Gratitude

TODAY I'M FEELING

POSITIVE AFFIRMATIONS

TODAY I'M GRATEFUL FOR

1	
2	
3	

SOMETHING I'M PROUD OF

MORE OF THIS:

LESS OF THIS:

MY FAVORITE MOMENT THE DAY

TOMORROW I LOOK FORWARD TO

Gratitude

MONTHLY PREVIEW

/ /

THIS MONTH'S INTENTION IS

HOW DO YOU
FEEL?

HOW DO YOU WANT TO FEEL?

WHERE DO YOU WANT TO FOCUS YOUR ENERGY?

Notes

Gratitude

MONTHLY REVIEW

HIGHLIGHTS OF THE MONTH

WHAT IS SOMETHING NEW YOU'VE LEARNED?

WHAT WERE SOME OF THE CHALLENGES YOU FACED?

WHAT IS THE BEST THING YOU HAVE DONE FOR YOURSELF THIS PAST MONTH?

HAS PRACTICING GRATITUDE HELPED YOU THIS MONTH?

YES

MAYBE

NO

Monthly Planner

Note:

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3	4	5	6	7
8	9	10	11	12
13	14	15	16	17
18	19	20	21	22
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Self Care Intention

Date:

Physical Self Care

Emotional Self Care

Spiritual Self Care

Social Self Care

Self-reflection Questions

What is your first memory?

What are you most proud of?

What is something I have overcome?

What was the best present you've ever received?

What's your favorite memory?

Are you happy?

What challenges are you currently facing?

Do you feel content with life?















What's your first thought when you wake up?

What's your first thought when you wake up?

Do you enjoy your life?

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	 

SLEEP TRACKER


JAN / FEB / MAR / APR / MAY / JUNE / JUL / AUG / SEP / OCT / NOV / DEC

DATE	PM	AM	SLEEP QUALITY
1	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
3	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
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31	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○

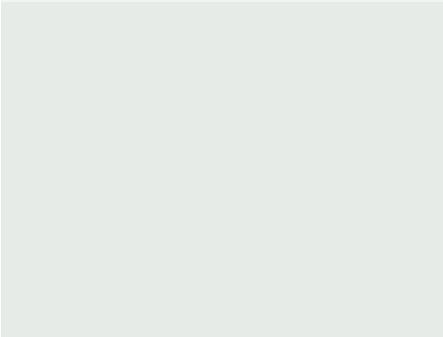
Notes

BRAIN DUMP

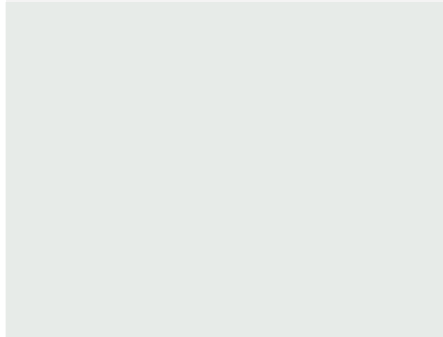
GRATITUDE



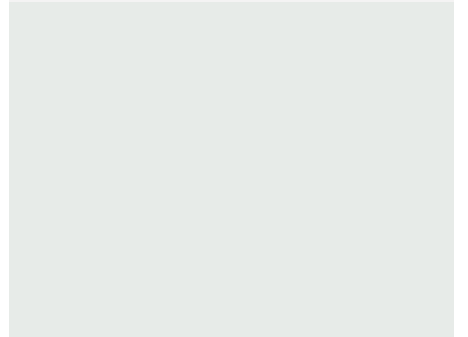
HOME



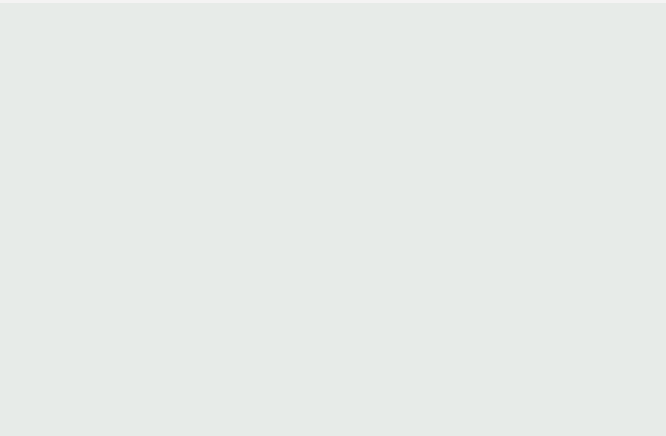
WORK



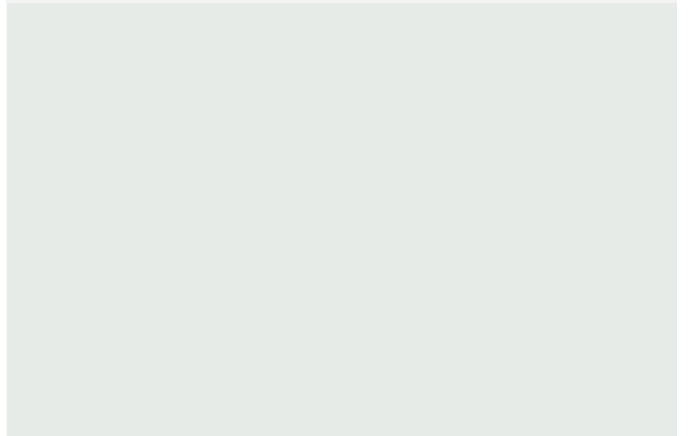
PERSONAL



PROJECTS



OTHERS



MEDICAL HISTORY



PATIENT _____

DOCTOR _____

AGE / GENDER _____

TEMPERATURE _____

WEIGHT _____

HEART RATE _____

HEIGHT _____

BLOOD PREASURE _____

DATE	TREATMENT	DESCRIPTION

MEDICAL NOTE

ALLERGIES

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

EMERGENCY CONTACTS

EMERGENCY HOTLINE

Mobile: _____

Telephone: _____

Email: _____

FIRE DEPARTMENT

Mobile: _____

Telephone: _____

Email: _____

POISON CONTROL CENTER

Mobile: _____

Telephone: _____

Email: _____

POLICE DEPARTMENT

Mobile: _____

Telephone: _____

Email: _____

HOSPITAL EMERGENCY

Mobile: _____

Telephone: _____

Email: _____

PHARMACY

Mobile: _____

Telephone: _____

Email: _____

FAMILY DOCTOR

Mobile: _____

Telephone: _____

Email: _____

VETERINARIAN

Mobile: _____

Telephone: _____

Email: _____

ANIMAL CONTROL

Mobile: _____

Telephone: _____

Email: _____

INSURANCE

Mobile: _____

Telephone: _____

Email: _____

Period Tracker

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Flow

Light

Medium

Heavy

Ovulation

Notes

Cycle Length

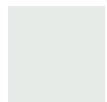
Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sep
Oct	Nov	Dec

BEDTIME

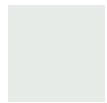
Routine



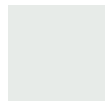
Brush your teeth and floss



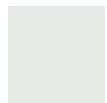
Wash your face and remove
makeup



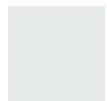
Change into comfortable sleepwear



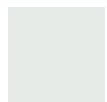
Dim the lights and turn off electronics



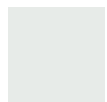
Stretch or do some light exercise



Set a relaxing atmosphere



Read a book or listen to calming music



Get into bed

Vision Planner

CORE PURPOSE

CORE VALUES

WHO WE SERVE

WHY WE'LL WIN

WHAT'S MOST IMPORTANT

NORTH STAR GOAL

1 YEAR GOAL

FUTURE	DATE	PROFIT
--------	------	--------

3 YEAR GOAL

FUTURE	DATE	PROFIT
--------	------	--------

VISION BOARD

WEALTH GOAL

HEALTH GOAL

LOVE

FAMILY

CAREER

SPIRITUALITY

KNOWLEDGE

NOTES

SMART GOALS PLANNER FOR STUDENTS

Instructions: Define a specific, measurable, achievable, relevant, and time-bound goal, break it down into actionable steps with assigned deadlines, anticipate obstacles and develop strategies to overcome them, track progress, seek accountability, and regularly review and adjust your goals.

S

Specific

What exactly do you want to achieve?

M

Measurable

How will you track your advancement?

A

Attainable

Evaluate the feasibility of your goal.

R

Relevant

How does it fit into your broader objectives?

T

Time-bound

What is the deadline?

Make your goals...

SMART

S

Specific

What do you want to achieve?

M

Measurable

How will you track your progress?

A

Attainable

How can you reach your goal?

R

Relevant

Why is this goal important?

T

Timely

When will the goal be accomplished?

My strengths

Name

Things I enjoy doing with my parents

My family make me feel happy and safe when

Things I am good at which. make me
happy

I feel most happy about school
when

Things my friends do that make me feel
happy

In my community, I feel happy and safe
when

SELF-CARE Journal

DATE: / /



TODAY I'M GRATEFUL FOR:

1. _____
2. _____
3. _____

WATER INTAKE



MOOD



NOTES/REMINDER:

TODAY'S AFFIRMATION

FOR TOMORROW

TO-DO LIST

TOP PRIORITIES:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

APPOINTMENTS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

TODAY'S TO-DO:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

TOMORROW TO-DO:

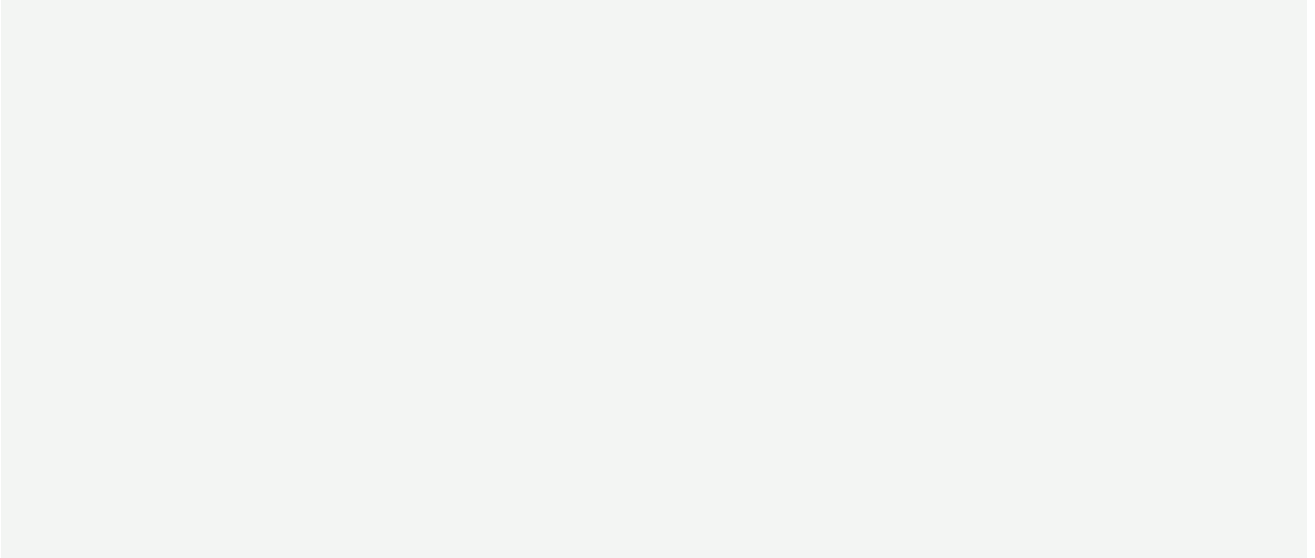
- _____
- _____
- _____
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- _____
- _____

NOTES:

DOODLE:

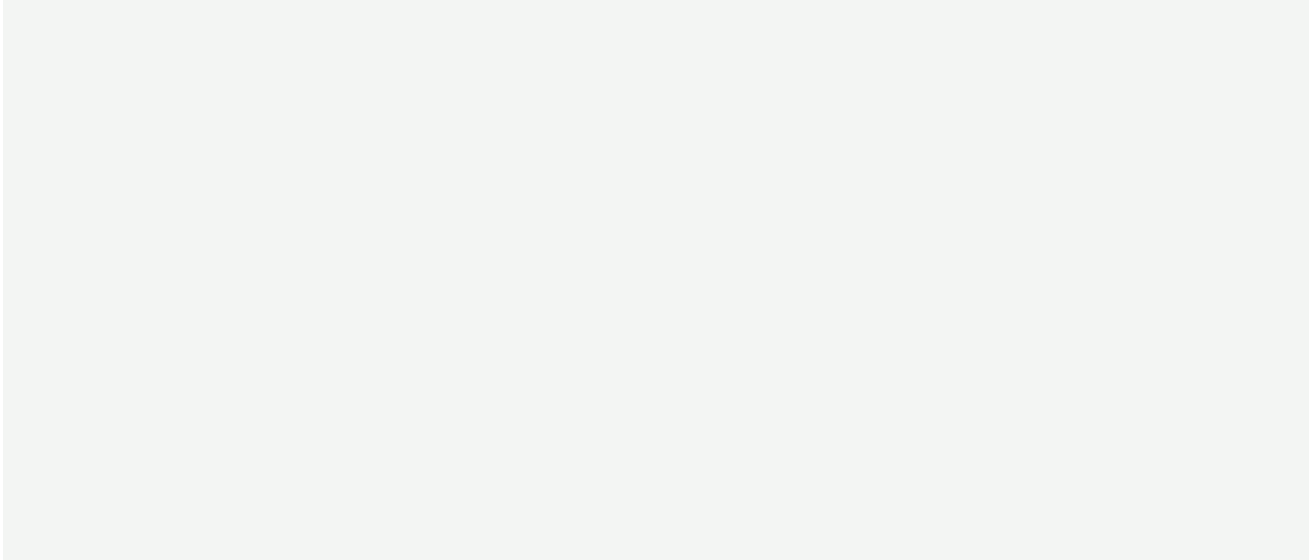
My favorite person

Who is your favorite person? What is he/she like?
What do you like about him/her? Draw and describe.



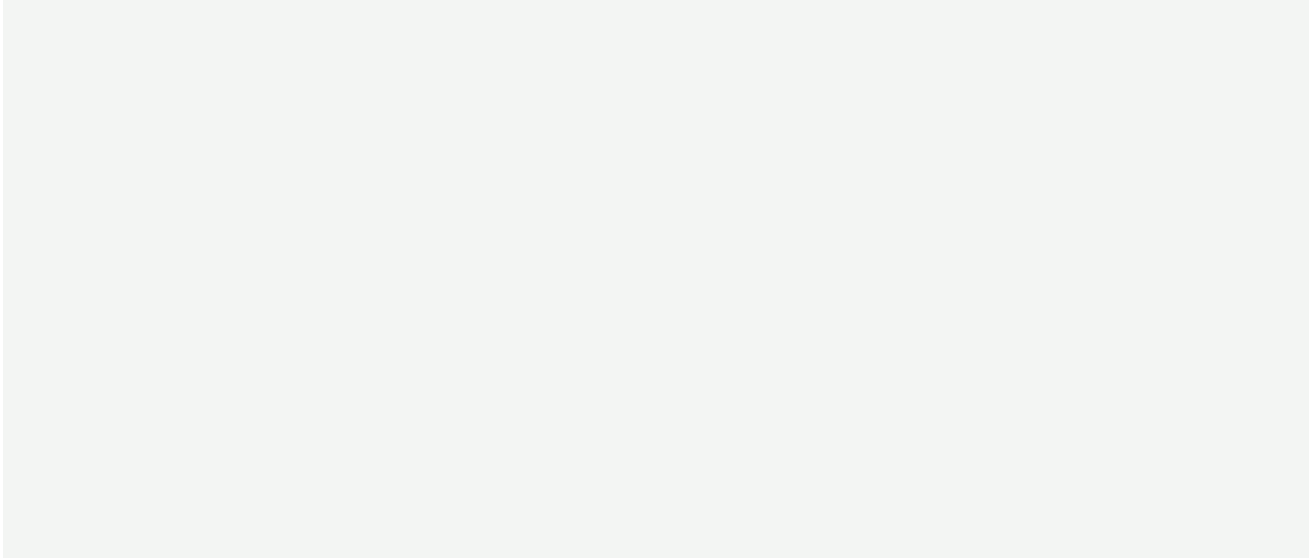
My favorite place

If you could travel anywhere in the world, where would you go? Draw yourself in that place and write a description including the following information: where you are, who you are with, what you are doing, what you have taken there and why you have chosen this place.



My Best Vacation Ever

Think about your best vacation ever. Where did you go? Who did you go with? What did you take? What did you do? What was special about it? Draw a special moment and describe your favorite vacation.



GRATITUDE JOURNAL

DATE: _____

S M T W T F S

TODAY I'M GRATEFUL FOR

- _____
- _____
- _____

WATER INTAKE



1L

2L

3L

WEATHER

TODAY'S AFFIRMATION

- _____
- _____
- _____
- _____

NOTES / REMINDERS

SOMETHING I'M PROUD OF

- _____
- _____
- _____
- _____

TOMORROW I LOOK FORWARD TO

- _____
- _____
- _____
- _____

Day

Date

★ My Daily Gratitude Log ★

Today's "my moments..."

I am "GRATEFUL" for...

Affirmation/ Quote of the day

DAILY WELLNESS LOG

Date: _____

Daily Affirmation

.....
.....


Today I am grateful for:

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


Things I can do to make today great:

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

Wellness Log

Water Tracker 

Exercise Log
.....

Mood Tracker 

Meals
.....

Breakfast
.....

Lunch
.....

Dinner
.....

Snacks
.....

Drinks
.....

Great things that happened today:

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

Thoughts and Reflections

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

DAILY GRATITUDE

/ /

TODAY I'M FEELING

POSITIVE AFFIRMATIONS

TODAY I'M GRATEFUL FOR

1 _____

2 _____

3 _____

SOMETHING I'M PROUD OF

MORE OF THIS:

LESS OF THIS:

MY FAVORITE MOMENT THE DAY

TOMORROW I LOOK FORWARD TO

Morning Gratitude

Date: _____

Today I want to feel...

Today I will spread kindness by...

3 things I'm grateful for today are...

"Happiness is a habit."

Evening Gratitude

3 things I'm grateful for today are...

The best part of today was...

What can I learn from today's experiences?

"Do more of what you love."

My Daily Mental Health Tracker

To Do List

- _____
- _____
- _____
- _____

My Mood

- Sad
- Happy
- Angry
- Afraid

Morning Routine

-
-
-

Water Balance



Productivity



Note:

Self Love Gratitude

Date: _____

Today's Affirmation

Today, I am thankful for...

Best part of my day

Quotes

Self Love Diary

Date: _____

Dear Diary, Today I Feel...

Reflection Note

Today's Quote

Self Love Planner

To Do List

-
-
-
-
-
-

Date:

Priorities Today

Affirmation

Quotes for Today

Personal Reminder

SELF LOVE
REMINDER

Date:

Reminder

Reasons not to give up
today

What do I Love About
Myself?

What makes me proud
of myself?

Personal Reflection

MONTH :

BAD HABITS I NEED TO STOP

THINGS I REGRETTED NOT DOING

THINGS I LEARNED THIS MONTH

HOW TO BE A BETTER VERSION OF ME

Weekly Meal Plan

M O N D A Y

Breakfast	Lunch	Dinner	Snacks

T U E S D A Y

Breakfast	Lunch	Dinner	Snacks

W E D N E S D A Y

Breakfast	Lunch	Dinner	Snacks

T H U R S A Y

Breakfast	Lunch	Dinner	Snacks

F R I D A Y

Breakfast	Lunch	Dinner	Snacks

S A T U R D A Y

Breakfast	Lunch	Dinner	Snacks

S U N D A Y

Breakfast	Lunch	Dinner	Snacks

DAILY FOOD TRACKER

Date:

BREAKFAST	SNACKS	LUNCH	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

My Yoga Planner

Healthy Meals
Breakfast:
Lunch:
Dinner:
Snack:

Goals

Motivation

Today's Move

Reminder

Note

My Yoga Routine

Morning Yoga Flow

Evening Yoga Flow

Routines

Reminder

Note

My Yoga Journey

How I feel After Today's Yoga Session

Yoga Poses I Did

Yoga Poses I Want To Try

Note

Yoga Class Planner

ACTIVITY

NOTE

NEXT PLANNING

30 Days of gratitude

- 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 Daily Mental Health Tracker

To Do List

- _____
- _____
- _____
- _____

My Mood

- Sad
- Happy
- Angry
- Afraid

Morning Routine

-
-
-



Water Balance



Productivity



Note:

Day

Date

★ My Daily Gratitude Log ★

Today's "my moments..."

I am "GRATEFUL" for...

Affirmation/ Quote of the day

Self Love Diary

Date: _____

Dear Diary, Today I Feel...

Reflection Note

Today's Quote

DAILY FOOD TRACKER

Date:

BREAKFAST	SNACKS	LUNCH	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

Tips for Getting Better in Life

Plan your week

A weekly plan will help you feel more focused and gain a better perspective.

Make to-do lists

Creating a to-do list is the best way to keep track of everything you need to do.

Organize your idea

Writing down ideas improves the chances of remembering them and putting them into action.

Take a vacation

Plan your dream vacation stress-free and smoothly with our expert tips and advice.

Self Care Intention

Date:

Physical Self Care

Emotional Self Care

Spiritual Self Care

Social Self Care

5 Tips to Increase Your Happiness and Wellbeing

Spend time with loved ones:

It is one of the quickest and easiest ways to increase our happiness levels.

Exercise:

Exercise releases endorphins, which have mood-boosting effects.

Help others:

Doing good deeds for others has been shown to increase happiness levels.

Connect with nature:

Spending time in nature has been linked with increased happiness and well-being.

Practice gratitude:

Expressing gratitude has been shown to increase levels of happiness and satisfaction.

My Yoga Planner

Healthy Meals
Breakfast:
Lunch:
Dinner:
Snack:

Goals

Motivation

Today's Move

Reminder

Note

Personal Reflection

MONTH :

BAD HABITS I NEED TO STOP

THINGS I REGRETTED NOT DOING

THINGS I LEARNED THIS MONTH





HOW TO BE A BETTER VERSION OF ME

Daily Health

DATE _____

BODY CARE

BREAKFAST		SNACK
LUNCH		
DINNER		

SPORT





DON'T FORGET

1	
2	
3	

SLEEP AT	WAKE UP AT

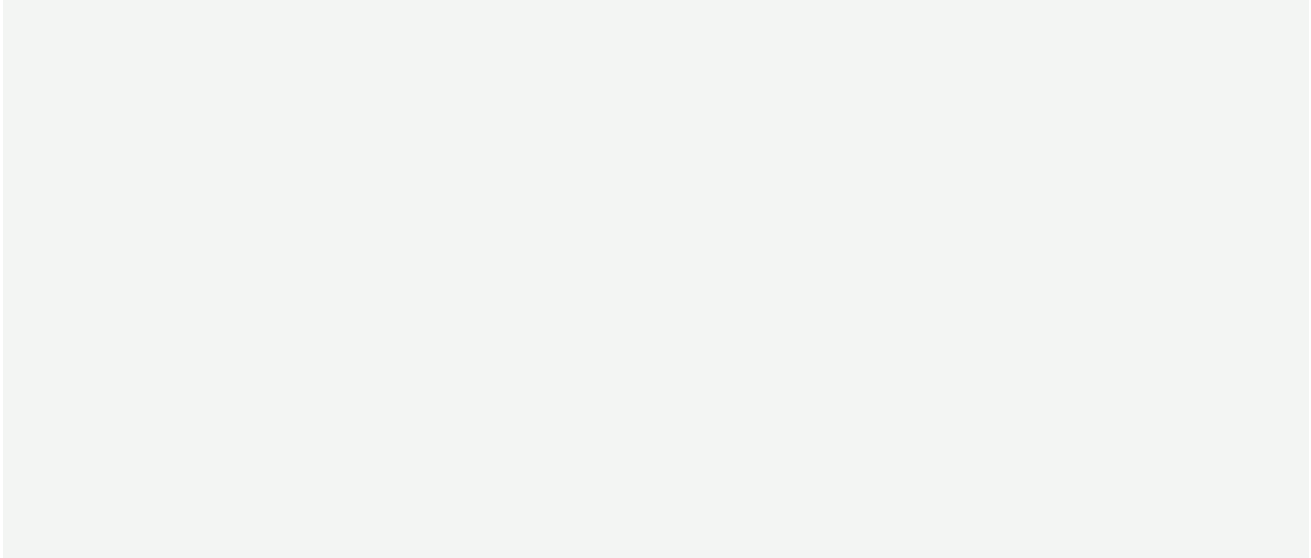
MENTAL CARE

TODAY WAS	TOMORROW WILL

APPOINTMENTS

My Best Vacation Ever

Think about your best vacation ever. Where did you go? Who did you go with? What did you take? What did you do? What was special about it? Draw a special moment and describe your favorite vacation.



My strengths

Name

Things I enjoy doing with my parents

My family make me feel happy and safe when

Things I am good at which. make me happy

I feel most happy about school when

Things my friends do that make me feel happy

In my community, I feel happy and safe when

4 Tips For Maintaining Good Mental Health

Follow Your
Routine

You can avoid being overwhelmed if you are prepared and plan your time.

Communication
is a must

Social networks or support systems that let you rationalize your feelings will help make you feel normal.

Take a deep
breath

Take time to breathe deeply or meditate to connect to your feelings and bring back a sense of calm.

Be Kind To Your
Body

Mental resilience is greatly enhanced by a healthy diet and a regular sleep schedule.

My Yoga Routine

Morning Yoga Flow

Evening Yoga Flow

Routines

Reminder

Note

VISION BOARD

WEALTH GOAL

HEALTH GOAL

LOVE

FAMILY

CAREER

SPIRITUALITY

KNOWLEDGE

NOTES

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

Self-reflection Questions

What is your first memory?

What are you most proud of?

What is something I have overcome?

What was the best present you've ever received?

What's your favorite memory?

Are you happy?

What challenges are you currently facing?

Do you feel content with life?

What's your first thought when you wake up?

What's your first thought when you wake up?

Do you enjoy your life?

Self Care Intention

Date:

Physical Self Care

Emotional Self Care

Spiritual Self Care

Social Self Care

