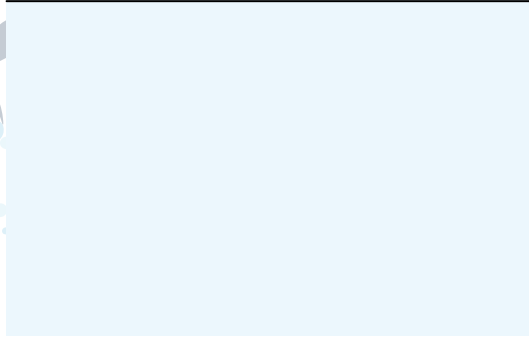




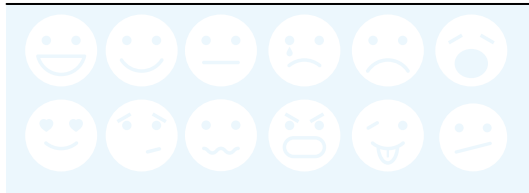
Mental health check in

DATE _____

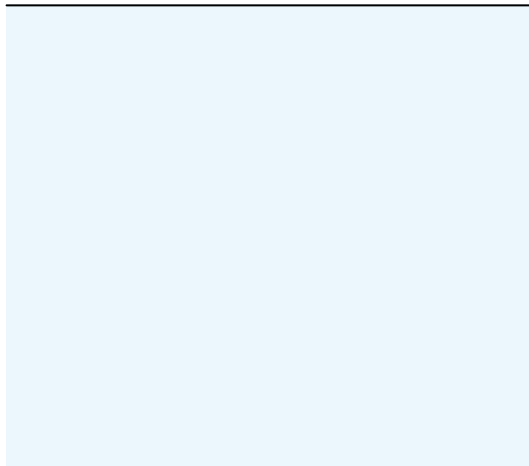
HOW ARE YOU FEELING TODAY?



HOW ARE YOU FEELING TODAY?



HOW CAN YOU IMPROVE YOUR MENTAL HEALTH?



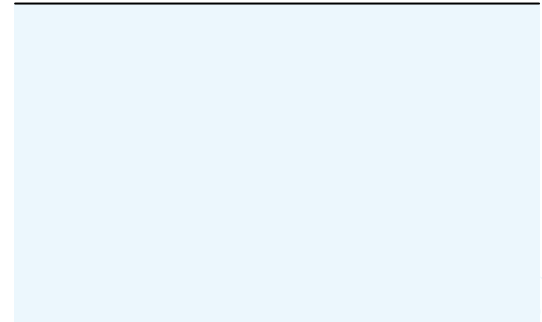
WHAT HAVE BEEN YOUR THREE DOMINANT EMOTIONS THIS WEEK?

☐ _____

☐ _____

☐ _____

WHAT DO YOU FEEL GOOD ABOUT RIGHT NOW?



THINGS THAT TRIGGERS NEGATIVE EMOTIONS

☐ _____

☐ _____

☐ _____







































































☐ _____

MY RANKING OF MY MENTAL HEALTH THIS WEEK



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	         

Fitness Planner

DATE : _____

WATER : 

BREAKFAST

LUNCH

DINNER

SNACK

--

--

--

--

RESISTANCE TRAINING

EXERCISE

SET

REP

WEIGHT

CARDIO

EXERCISE

TIME

DIST.

CAL.

H.R.

Self-Care Practices

PHYSICAL SELF-CARE

-
-
-

EMOTIONAL SELF-CARE

-
-
-

SPIRITUAL SELF-CARE

-
-
-

INTELLECTUAL SELF-CARE

-
-
-

SOCIAL SELF-CARE

-
-
-

FINANCIAL SELF-CARE

-
-
-

SELF-CARE NOTES

WORKOUT

Daily

Activities



	<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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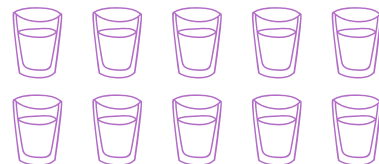
Date

___/___/___

Today Mood



Water Tracker



Notes

Goals

Self-care Checklist

PHYSICAL SELF CARE

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"/>
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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"/>
	<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"/>

MOTIONAL SELF CARE

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"/>

NOTES

Health Tracker

























































JANUARY 202_

WEEK 1

WEEKLY MEAL PLAN

WATER INTAKE

WORKOUT/EXERCISE

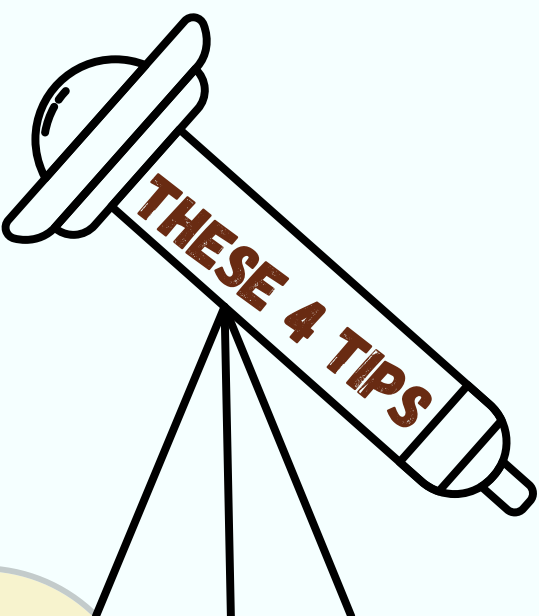
SUN	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
MON	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
TUE	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
WED	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
THU	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
FRI	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____
SAT	B _____ cal: _____ L _____ cal: _____ D _____ cal: _____ S _____ cal: _____	       	DURATION: _____ STEP COUNT: _____ CALORIES BURNT: _____

VITAMINS / SUPPLEMENTS / MEDICATIONS

S	M	T	W	TH	F	S



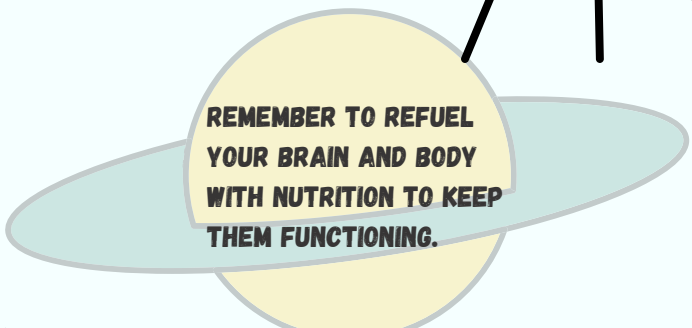
**WILL HELP YOU
MANAGE
YOUR MENTAL
HEALTH**



THESE 4 TIPS



**PLAN DAILY MENTAL
HEALTH ACTIVITIES**



**REMEMBER TO REFUEL
YOUR BRAIN AND BODY
WITH NUTRITION TO KEEP
THEM FUNCTIONING.**

**BEING PREPARED AND
PLANNING YOUR TIME
HELPS YOU AVOID
BEING OVERWHELMED.**



**FEEL FREE TO
EXPRESS YOURSELF**

**THE RELEASE OF UNCOM
FORTABLE EMOTIONS CAN
HELP YOU MANAGE
MAINTAIN MENTAL HEALTH.**



**MANAGE STRESS
PROACTIVELY**

**HUMANS ARE HARDWIRED
TO DESIRE MEANINGFUL
CONNECTIONS WITH
OTHERS.**



**FRIENDLY
WITH OTHERS**

Self-care Journal

DATE:

S M T W T F S

MY SCHEDULE

MY TOP PRIORITIES

-
-
-
-

REMINDER

-
-
-

DAILY AFFIRMATIONS

SELF-CARE TRACKER

Morning Tasks	S	M	T	W	T	F	S

Evening Tasks	S	M	T	W	T	F	S

Habits To Keep
<ul style="list-style-type: none">

Habits To Eliminate
<ul style="list-style-type: none">

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 Notes

THINGS I CAN DO WHEN I'M SAD

THINGS I CAN DO WHEN I'M BORED

THINGS I'M LOOKING FORWARD TO

MY FAVORITES

favorite movies

favorite books

favorite places

MY FAVORITES		

Self Care

30-DAY CHALLENGE



DAILY HEALTH PLANNER

DATE _____

BREAKFAST

LUNCH

DINNER

SNACK

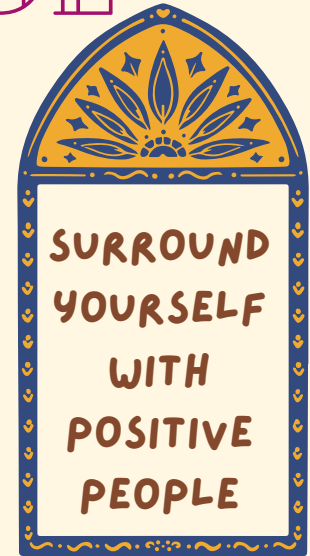
WATER

WORKOUT

NOTES

TIPS FOR MAINTAINING A

POSITIVE ATTITUDE



VISION BOARD

PHYSICAL

MENTAL

SPIRITUAL

THINGS TO TRY:

NOTE :

Workout Planner

Exercise

Goals

Reminder

Tips to Motivate and Maintain

Make it fun

It's essential to find ways to enjoy exercise and make it fit into your lifestyle. Check out the athletics program and find one that really suits you.

Mix it up

It's great to engage in a variety of activities so that you are working out different muscle groups. It also helps keep you interested and engaged.

Make a commitment

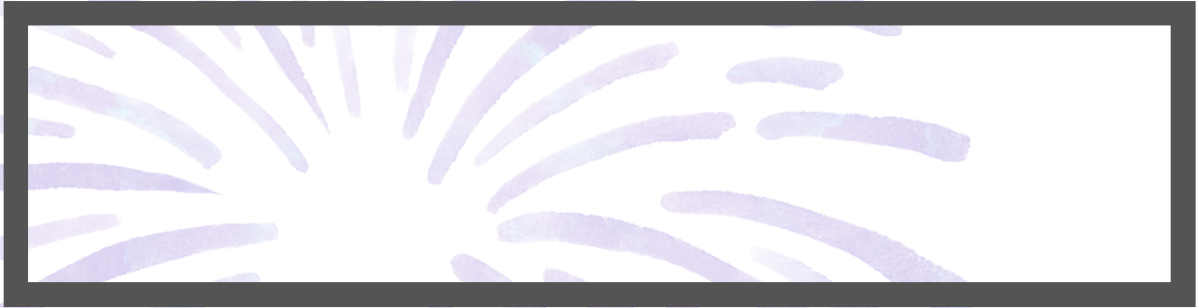
Scheduling a time on your calendar or anything that can give you extra motivation to stick with it. It can also be helpful to set specific goals for yourself.

Don't overdo it

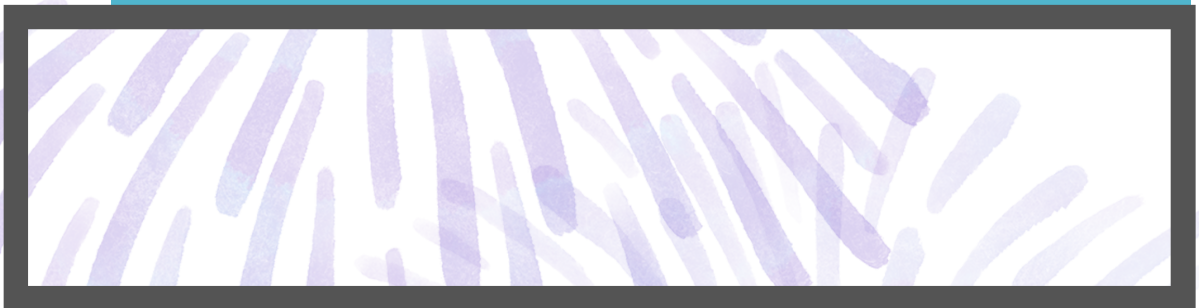
Take it slowly, especially when you're getting started so you don't strain muscles.

VISION BOARD

FAMILY



HEALTH



CAREER



TRAVEL



TO-DO



NOTES



My Weekly PLANNER

WEEKLY SCHEDULE

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

To Do List

Weekly Goals

--

HABITS

TRACKER

List of Habits	S	M	T	W	T	F	S

Review



GOALS

SETTING

GOALS

Goal 1:

Why it is important:

Measurable Outcome:

Goal 2:

Why it is important:

Measurable Outcome:

Goal 3:

Why it is important:

Measurable Outcome:

WORD FOR THE YEAR

CAREER

FAMILY

FRIENDS

HEALTH

LIFESTYLE

RELATIONSHIPS

FRIENDS

FINANCE

FITNESS

Month:

M T W T F S S

PROGRESS TRACKER

healthy

• BODY •

healthy

• LIFE •

NOTE

ARM & CHEST

Week 1:

Week 2:

Week 3:

Week 4:

Goal:

WAIST & HIP

Week 1:

Week 2:

Week 3:

Week 4:

Goal:

THIGH & CALF

Week 1:

Week 2:

Week 3:

Week 4:

Goal:



PHYSICAL NEED



SLEEP :

1

2

3

4

5

6

7

8

HOURS

HEALTH CARE

ANNUAL CHECK-UP FOR A
MONTH

1

2

3

4

NUTRITION

BREAKFAST

HEALTH ISSUE

LUNCH

DOCTOR'S NOTES

DINNER

Mental

N E E D



Theraphy

Stress Reduction

BOUNDARIES

Saying no when you'd rather not do something

☐

Not volunteering for extra work

☐

Communicating needs directly to others

☐

COGNITIVE ABILITIES

Learning something new

☐

Playing brain games to improve concentration

☐

Reading

☐

Take a Break

Day:

Time :

Activity:

Happy

SCHEDULE

PERSONAL TIME THIS DAY

Mindful Awareness

Morning Routine

☐

Wake up on time

☐

Stay away from social media

☐

Record positive affirmation

☐

Exercise for 30 minutes

☐

Shower

☐


Eat a nutritious breakfast

Affirmation

TODAY'S GOALS



ACTION

A 6x7 grid of squares on a background with purple circles. The grid consists of 42 squares arranged in 6 rows and 7 columns. The background is white with several large, overlapping purple circles of varying shades. The squares are outlined in a light green color.A large grid of 35 empty boxes arranged in 5 rows and 7 columns, intended for students to write their answers.

NOW or NEVER

self-care plan^x

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