

# MENTAL HEALTH

## Planner



\* EmpowerED  
Coaching &  
Consulting

This Planner Belongs To

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\* EmpowerED  
Coaching &  
Consulting

# Habit Tracker

WEEK \_\_\_\_\_  
OF \_\_\_\_\_

HABIT                    MON TUE WED THU FRI SAT SUN

# Sleep Tracker

MONTH OF:

YEAR:

# Monthly Sleep Tracker

Month

PM

AM

DATE	8	9	10	11	12	1	2	3	4	5	6	7	8
1													
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3													
4													
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31													

# Personal Water Tracker

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31								

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# Self Care Journal

MONTH: .....

YEAR: .....

## AFFIRMATIONS

## I'M PROUD OF MY...

## I'M GRATEFUL FOR...

## NOTE TO SELF:

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# Self-care Intention

Physical Self-care

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Emotional Self-care

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Spiritual Self-care

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Intellectual Self-care

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Social Self-care

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Environmental Self-care

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Subject Notes

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# Self Care Assessment

## Psychological/Emotional Self-Care

1. 2. 3. ★

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

			<input type="checkbox"/>
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Go on day-trip

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

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

			<input type="checkbox"/>
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Learn one new hobby

## Social Self-Care

1. 2. 3. ★

			<input type="checkbox"/>
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Spend time with people who I like

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

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

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

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

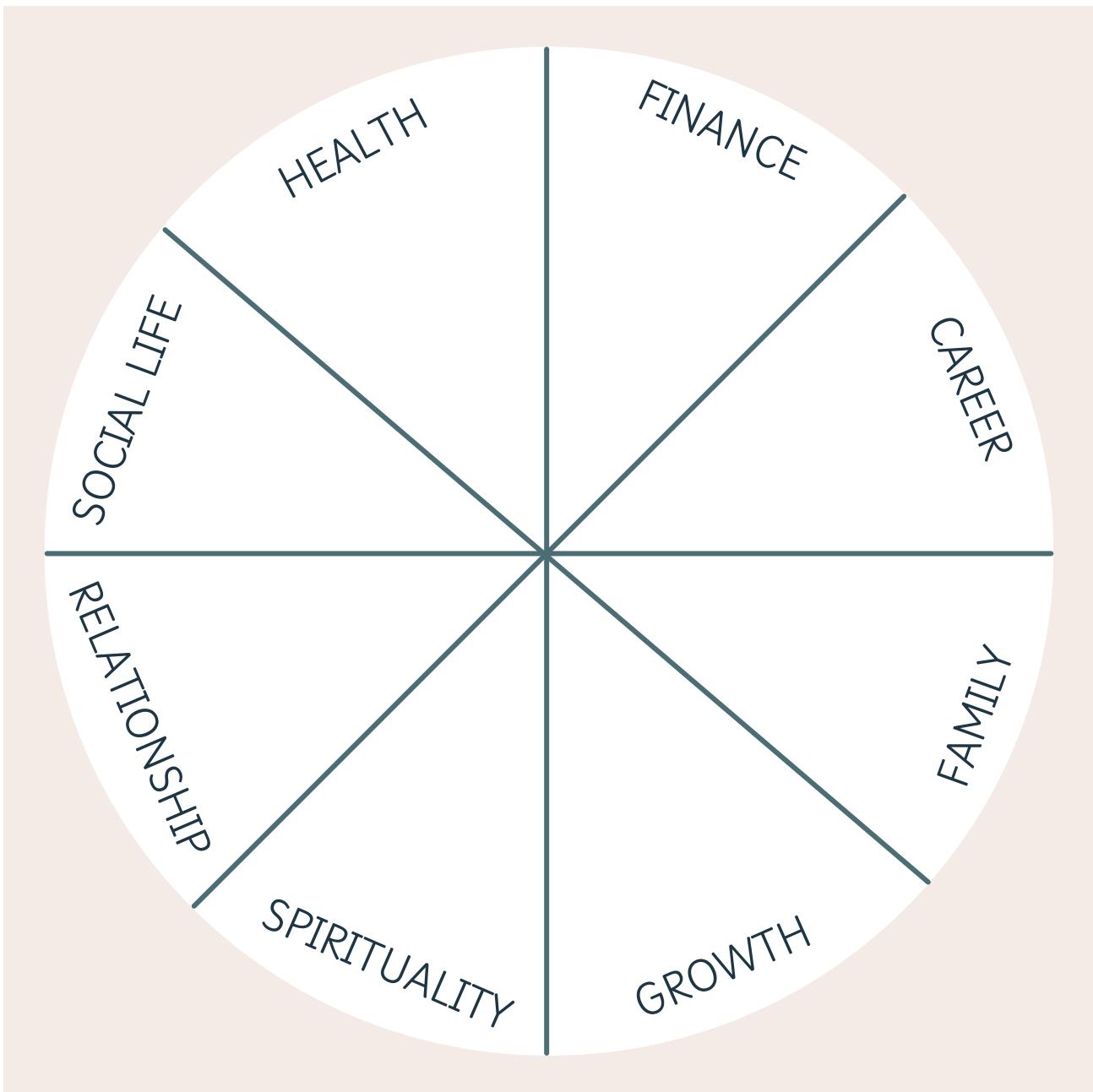
# 30 Day Self-Care Challenges

<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

# Goal Planner

START DATE:

END DATE:

MY  
GOALS

AFFIRMATION/QUOTE

## ACTION PLANS

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

# Reframe My Thoughts

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

# My Anxiety

## 3 THINGS THAT TRIGGER MY ANXIETY

## 3 THINGS I TEND TO HAVE WHEN ANXIOUS

## 3 PHYSICAL SYMPTOMS I HAVE WHEN ANXIOUS

# My Affirmations

"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 I am capable and prepared"

"I am prepared and ready for this situation."

"People assume I 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"

# Understanding my Feelings

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

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Doctor's Note

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Sleep

- 1
- 2
- 3
- 4
- 5

- 1
- 2
- 3
- 4
- 5

Nutrition

Breakfast

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Lunch

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Dinner

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# My Safety Plan

## MY CIRCLE OF SUPPORT

## MY TRIGGERS

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## MY STRENGTHS

## MY COPING SKILLS

## MY TRIGGERS

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## MY DISTRACTIONS

# Anxiety Log

# Worry Exploration

Is my worrying about something going to stop it from happening?

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Is there anything I can physically do to sort the problem out? If so, what?

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

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Other thoughts:

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# Positive Thoughts

Negative Thoughts	Positive Thoughts

# My Main Goals

Leisure

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Family

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Friends

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Describe how your life will be different when you accomplish your goals

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# My Main Goals

Finances	Volunteering Or Contributions	Physical Health

Education	Mental Health	Work or Project

## Home Environment

# Daily Food Tracker

Date:

## TODAY'S WORKOUT

## WATER INTAKE

## NOTES

# Food Journal

Week: \_\_\_\_\_

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

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

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

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

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

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

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

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Daily Planner

Do more of what you  
love

DATE

S M T W T F S

6:00

7:00

8:00

9:00

10:00

11:00

12:00

13:00

14:00

15:00

16:00

17:00

18:00

19:00

20:00

21:00

22:00

23:00

TOP 3 PRIORITIES

- . . . . . . . . .
- . . . . . . . . .
- . . . . . . . . .

REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES

# Problem Solving

Problem to Solve	End Goal	
1st Solution	Pros	Cons
2st Solution	Pros	Cons
3rd Solution	Pros	Cons
Choosen Solution	Next Steep	

# Manifestation Worksheet

## How can I reach my goal

## My primary goal

What will it be like once I have achieved my goal?

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# Daily Manifestation

I WANT TO MANIFEST:

MY CALL TO THE UNIVERSE:

VISUALIZATION:

I see

I have

I feel

MY DAILY AFFIRMATIONS

1. -----

2. -----

3. -----

ACTION PLAN

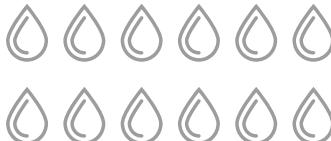
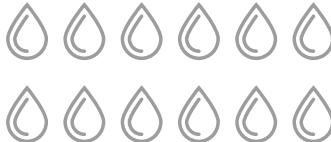
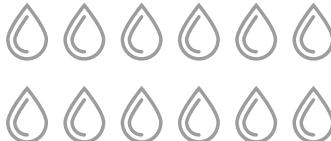
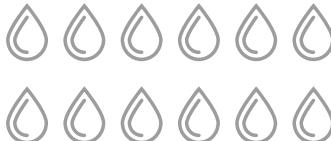
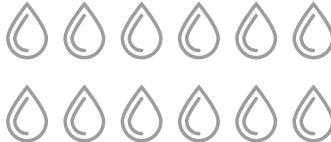
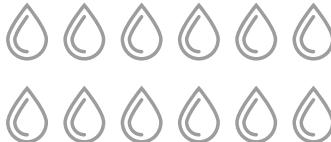
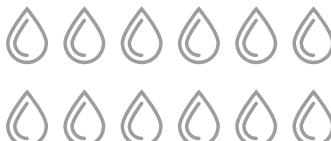
1. -----

2. -----

3. -----

# 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	 

# Exercise Planner

MONDAY

TUESDAY

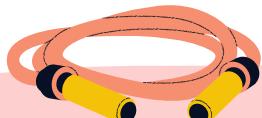
WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



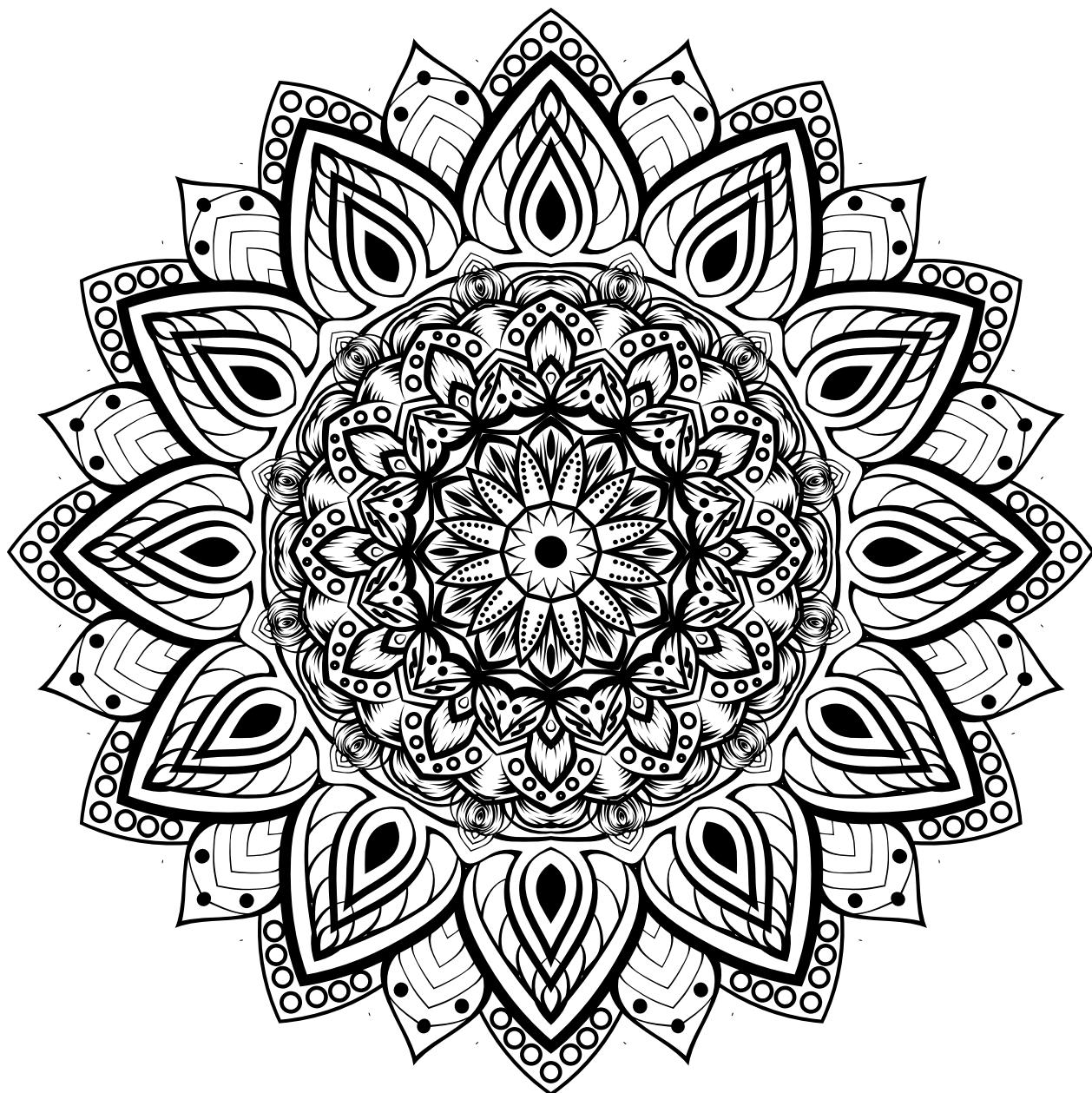
# A Letter To My Self

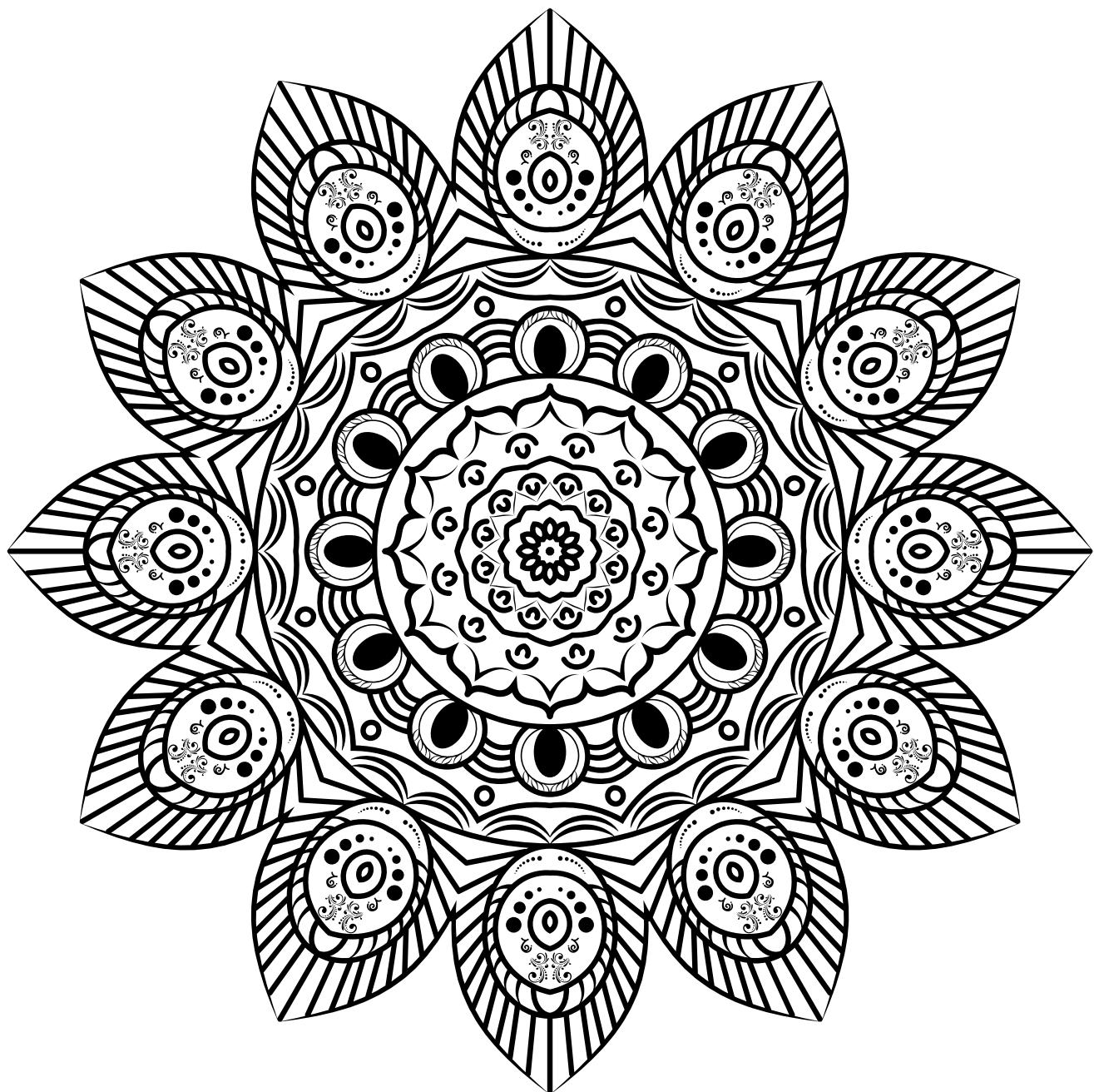
*Signature:*

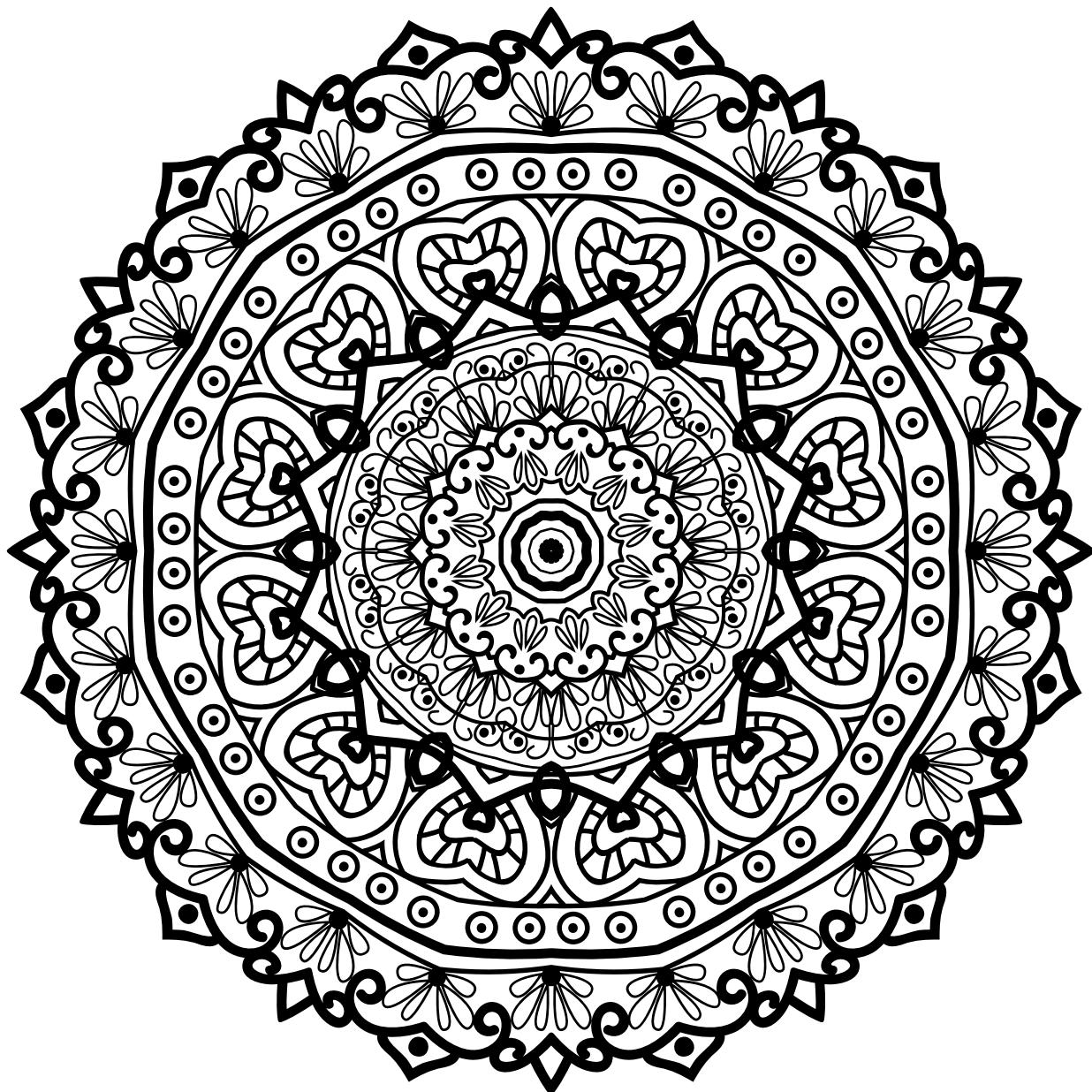
# Journal Entry

*Date:*

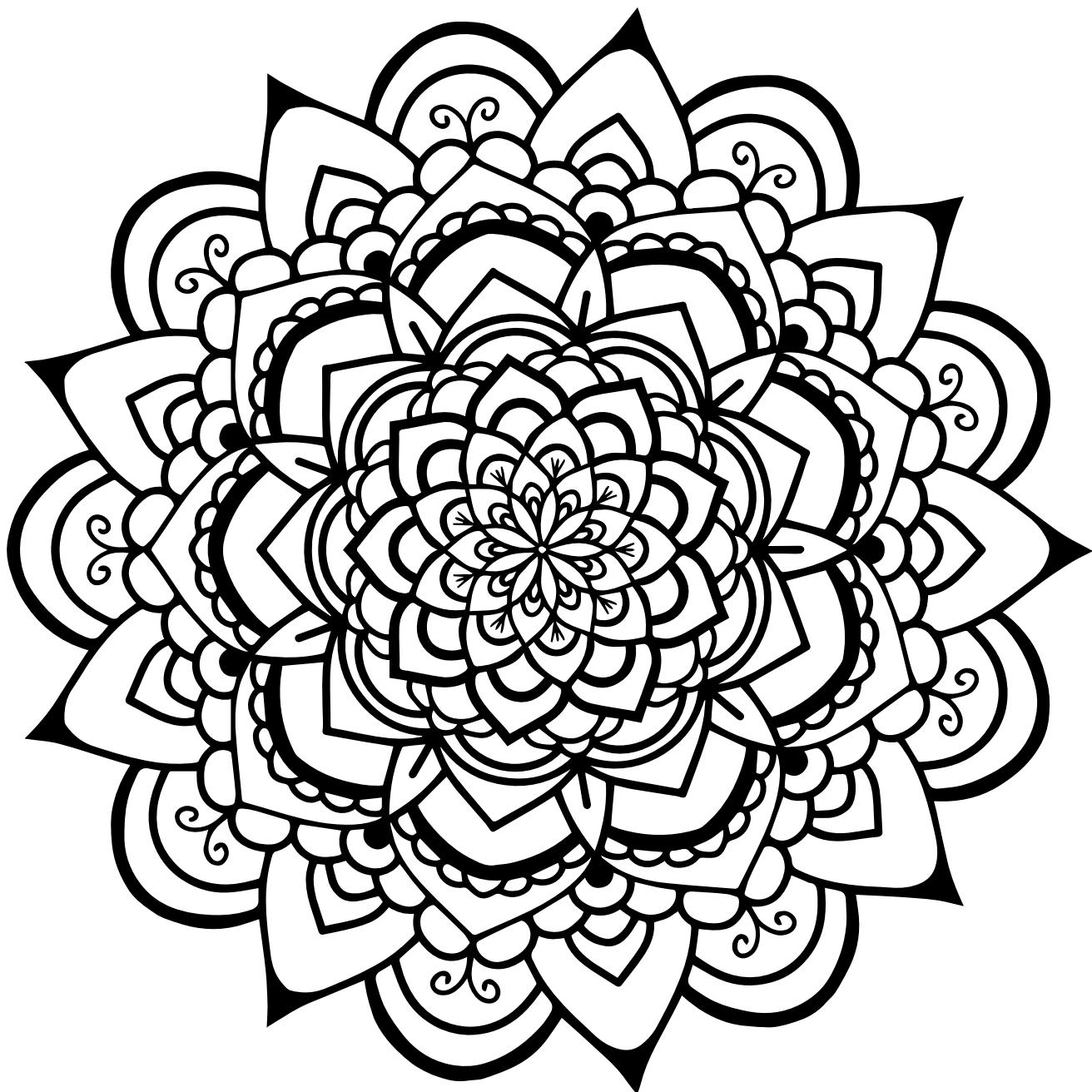
## *Topic:*











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