

MENTAL HEALTH

Planner



* EmpowerED
Coaching &
Consulting

This Planner Belongs To

* EmpowerED
Coaching &
Consulting

Habit Tracker

WEEK
OF

H A B I T

MON

TUE

WED

THU

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SUN

[illegible]

Sleep Tracker

MONTH OF:

YEAR:

[illegible]

Monthly Sleep Tracker

Month

PM

AM

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Personal Water Tracker

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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

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-
-

Self Care Assessment

Psychological/Emotional Self-Care

1. 2. 3. ★

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Participate in hobbies

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Go o day-trip

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Find reasons to laugh

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Talk about my worries

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Learn one new hobby

Social Self-Care

1. 2. 3. ★

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Spend time with people who I like

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Meet new people

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Overall social self-care

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Keep in touch with old friends

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Ask ofthers for help, when needed

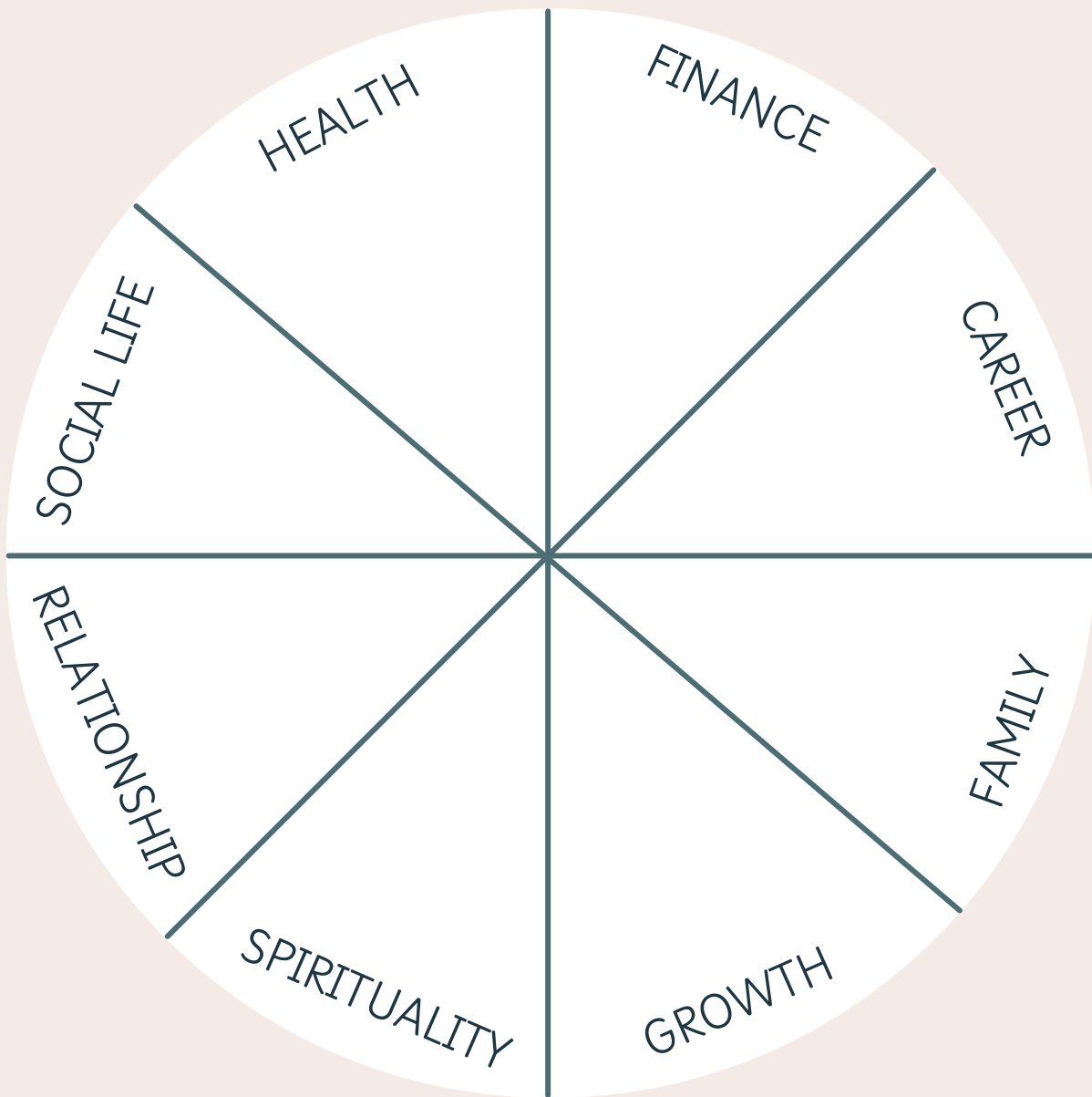
30 Day Self-Care Challenges

<input type="radio"/> Stretch all your muscles	<input type="radio"/> Drink more water	<input type="radio"/> Go for a walk in nature	<input type="radio"/> Eat your favorite treat	<input type="radio"/> Go to bed early
<input type="radio"/> Listen to favorite song	<input type="radio"/> Eat vegetarian meals	<input type="radio"/> Take a nice bubble bath	<input type="radio"/> Cook your favorite meal	<input type="radio"/> Practice yoga
<input type="radio"/> Go on a solo date	<input type="radio"/> Journaling	<input type="radio"/> Give yourself a facial	<input type="radio"/> Practice gratitude	<input type="radio"/> Try a DIY Project
<input type="radio"/> Watch the sunrise	<input type="radio"/> Read a book	<input type="radio"/> Explore a new city	<input type="radio"/> Watch your favorite movie	<input type="radio"/> Give yourself a manicure
<input type="radio"/> Get some sunlight	<input type="radio"/> Start a new hobby	<input type="radio"/> Write out your goals	<input type="radio"/> Organize your closet	<input type="radio"/> Watch the sunset
<input type="radio"/> Give yourself a break	<input type="radio"/> Learn a new skill	<input type="radio"/> Create your ideal future	<input type="radio"/> Surround yourself with positivity	<input type="radio"/> 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

Note For Today

Be gentle with
yourself.

My Schedule

Goal Planner

START DATE:

END DATE:

MY
GOALS

AFFIRMATION/QUOTE

ACTION PLANS

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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

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3 THINGS I TEND TO HAVE WHEN ANXIOUS

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3 PHYSICAL SYMPTOMS I HAVE WHEN ANXIOUS

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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

Doctor's Note

Sleep

① ② ③ ④ ⑤

① ② ③ ④ ⑤

Nutrition

Breakfast

Lunch

Dinner

My Safety Plan

MY CIRCLE OF SUPPORT

MY TRIGGERS

MY STRENGTHS

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MY COPING SKILLS

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MY TRIGGERS

MY DISTRACTIONS

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Anxiety Log

[illegible]

Worry Exploration

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

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

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

Other thoughts:

Positive Thoughts

Negative Thoughts	Positive Thoughts

My Main Goals

Leisure

Family

Friends

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

My Main Goals

Finances

--

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	_____
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	○ ○ ○ ○ ○

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

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12:00

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17:00

18:00

19:00

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21:00

22:00

23:00

TOP 3 PRIORITIES

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○

REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES

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Problem Solving

Problem to Solve

End Goal

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1st Solution

Pros

Cons

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2st Solution

Pros

Cons

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3rd Solution

Pros

Cons

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Chooosen Solution

Next Steep

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Manifestation Worksheet

How can I reach my goal

My primary goal

Why do I want this?

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

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	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Tuesday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Wednesday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Thursday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Friday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Saturday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		
Sunday	Breakfast	Exercise Calories Burned	     
	Lunch		
	Dinner		
	Snacks		

Exercise Planner

MONDAY

TUESDAY

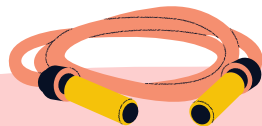
WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



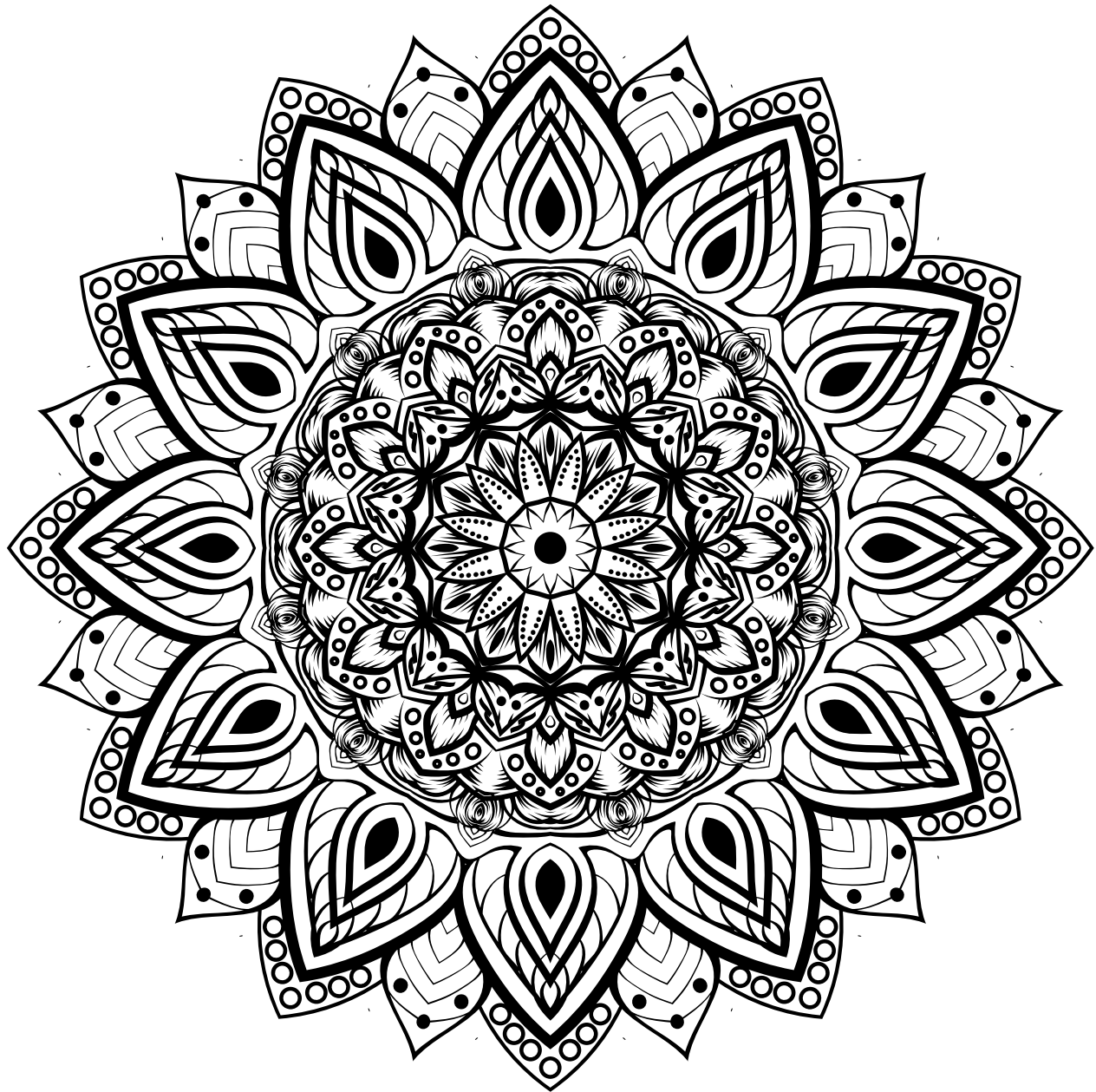
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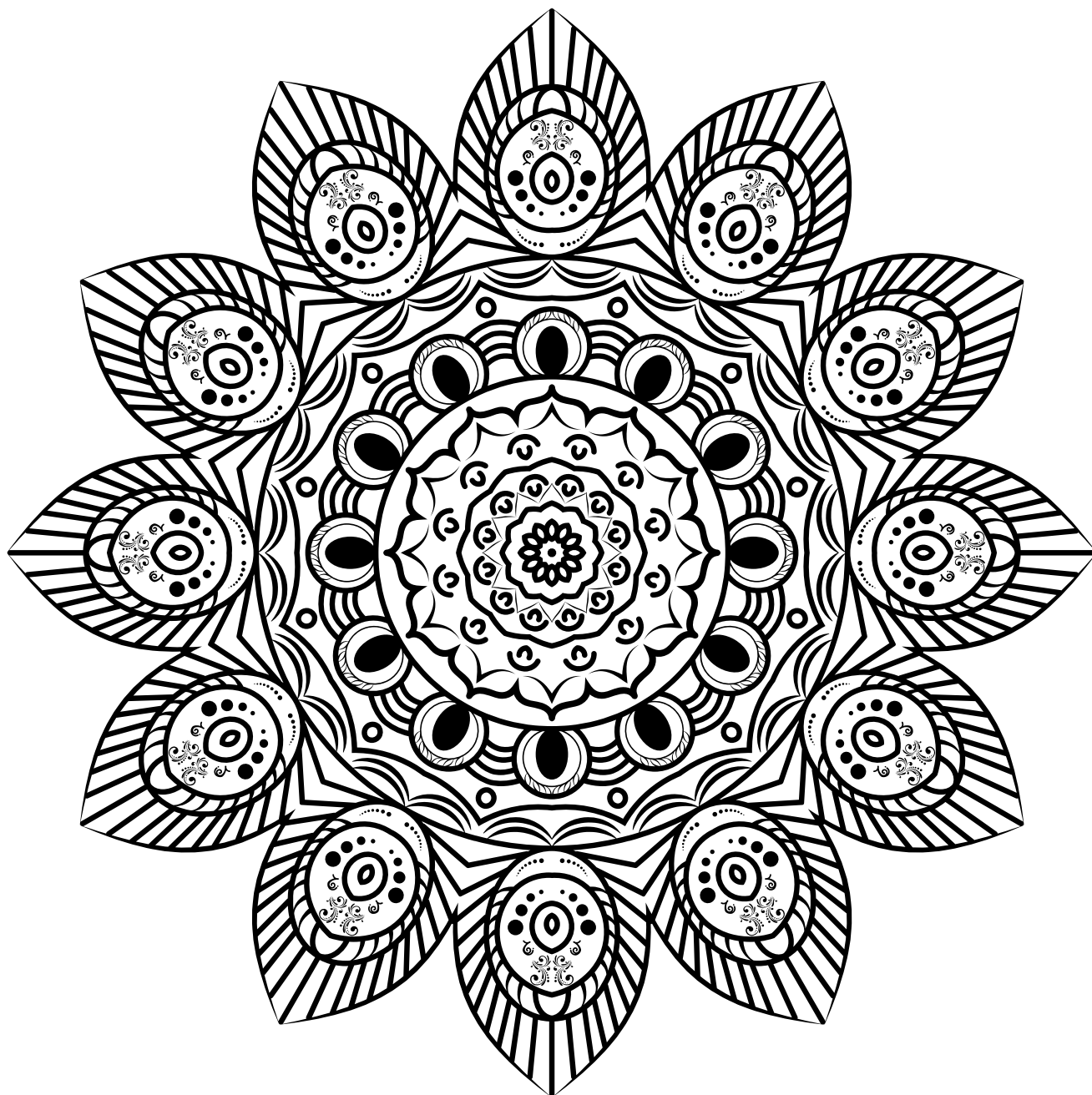
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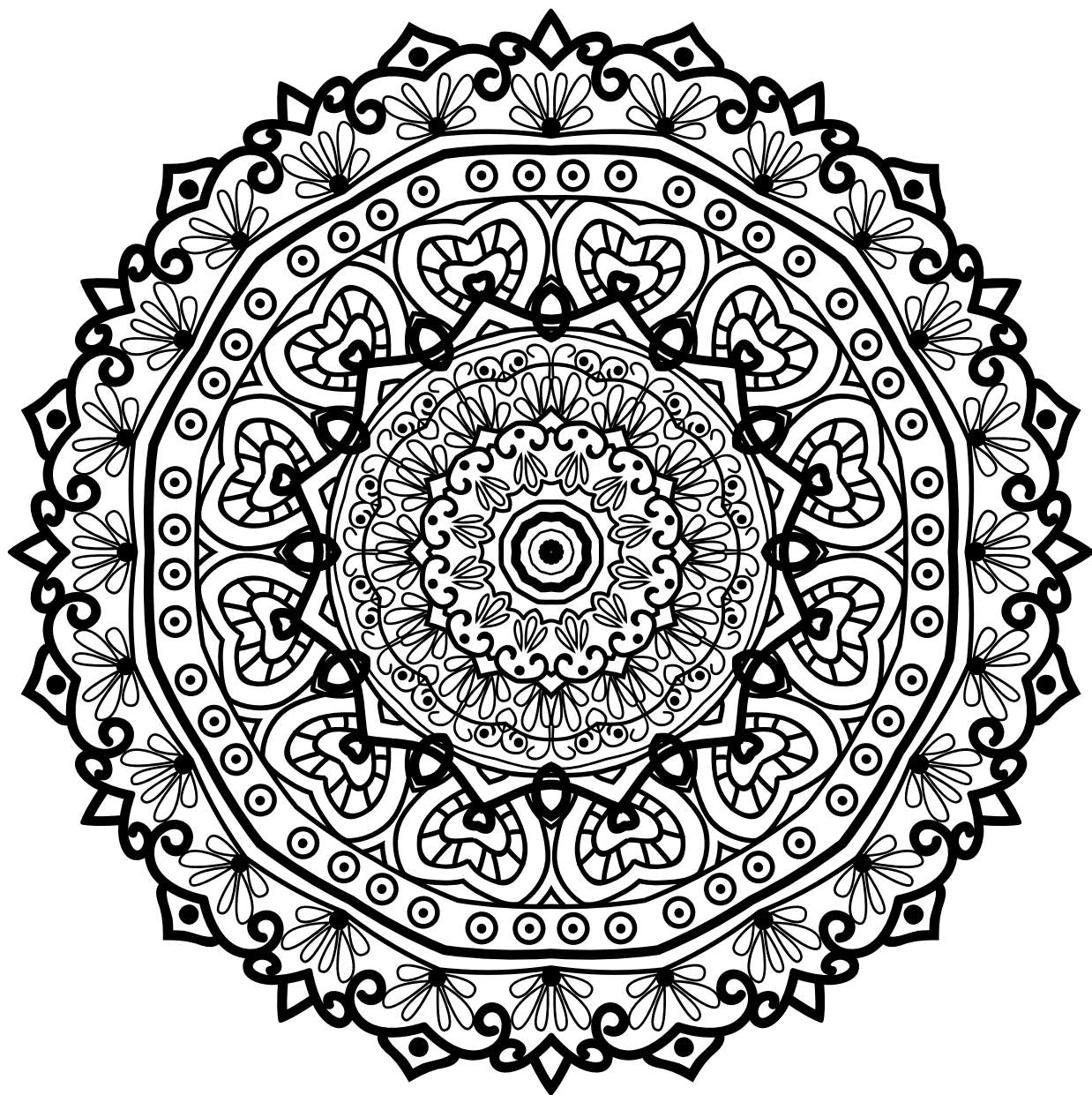
Journal Entry

Date:

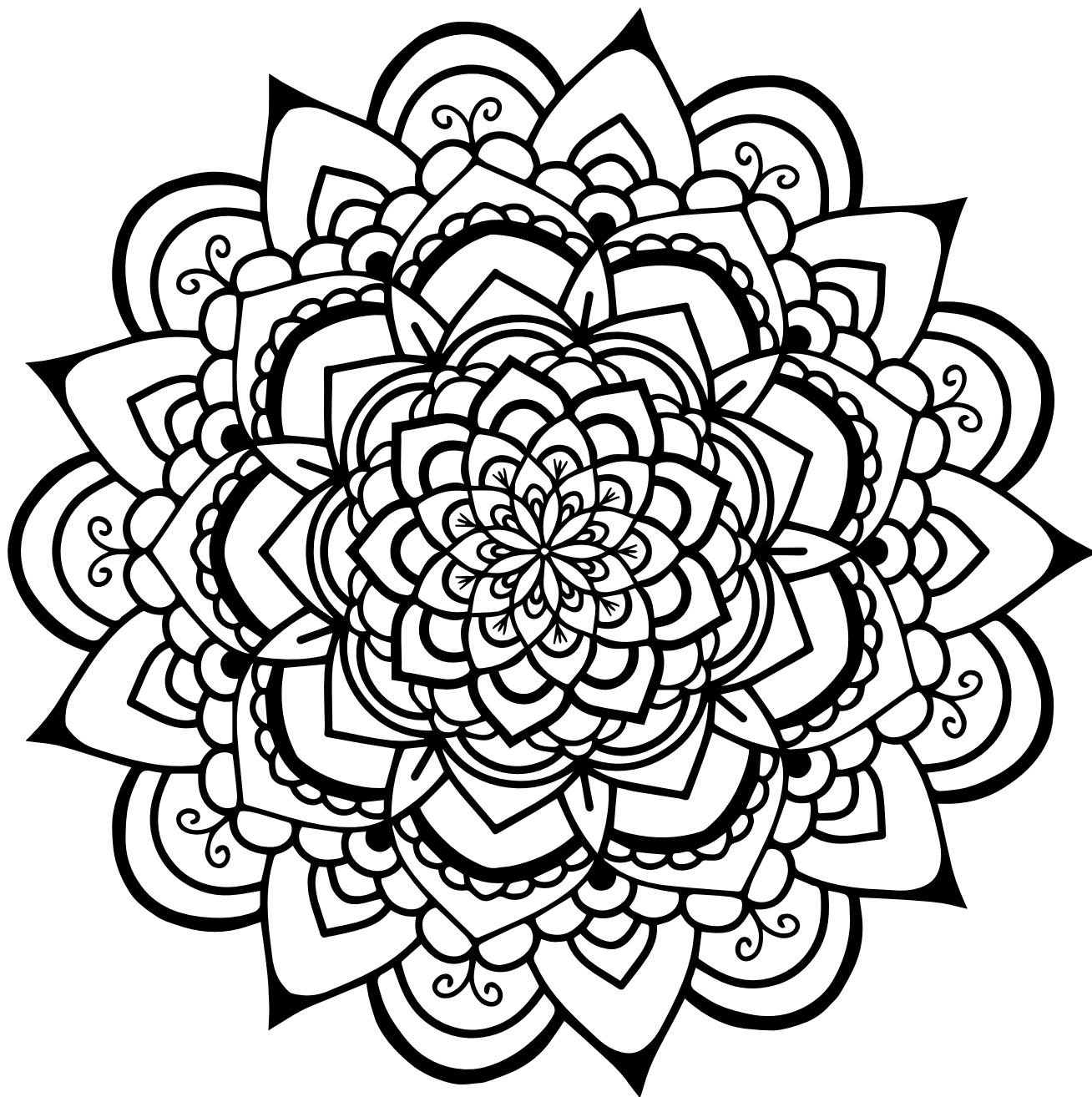
Topic:











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