



MENTAL HEALTH PLANNER

This Planner Belongs To



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TUE

THU

SAT

SUN



YEAR:



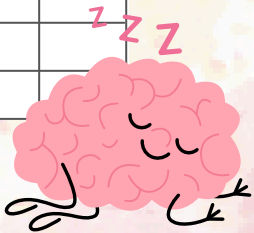
Monthly Sleep Tracker

Month

PM

AM

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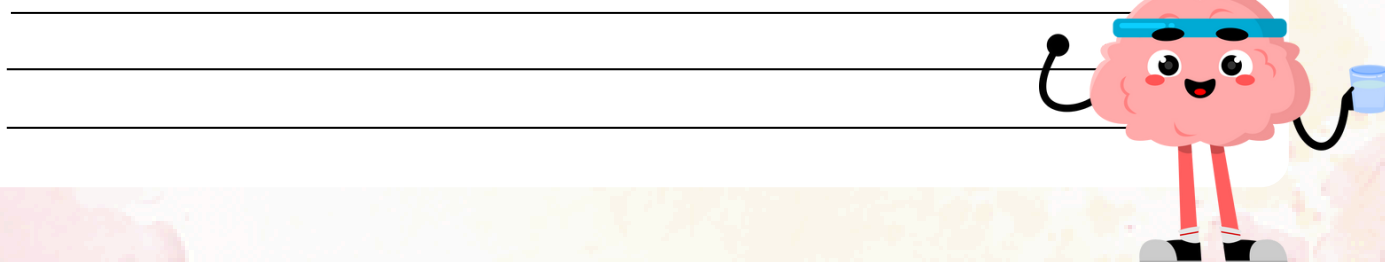




Personal Water Tracker

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Therapy Notes

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Important

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Notes



Daily Manifestation

I WANT TO MANIFEST:

MY PRAYER TO THE UNIVERSE:

VISUALIZATION:

I see

I have

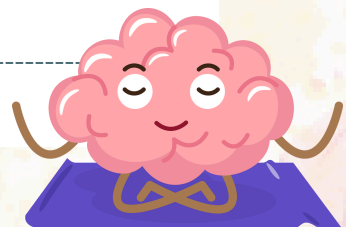
I feel

MY DAILY AFFIRMATIONS

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

ACTION PLAN

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



Self Care Journal

MONTH:

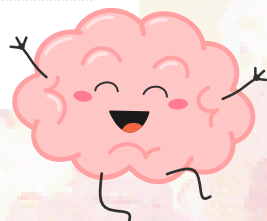
YEAR:

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

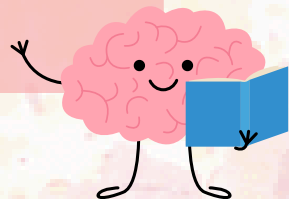
Intellectual Self-care

Social Self-care

Environmental Self-care

Subject Notes

-
-
-





Self-Care Bucketlist

Date:

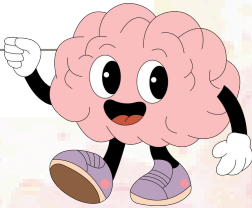
S M T W T F S

My List

Goals



Notes



Self Care Assessment

1. 2. 3.



Psychological/Emotional Self-Care

☐☐☐☐

Participate in hobbies

☐☐☐☐

Go on vacations or day-trips

☐☐☐☐

Find reasons to laugh

☐☐☐☐

Talk about my problems

☐☐☐☐

Learn new things, unrelated to work or school

1. 2. 3.



Social Self-Care

☐☐☐☐

Spend time with people who I like

☐☐☐☐

Meet new people

☐☐☐☐

Overall social self-care

☐☐☐☐

Keep in touch with old friends

☐☐☐☐

Ask others for help, when needed



30 Day Self-Care Challenges



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

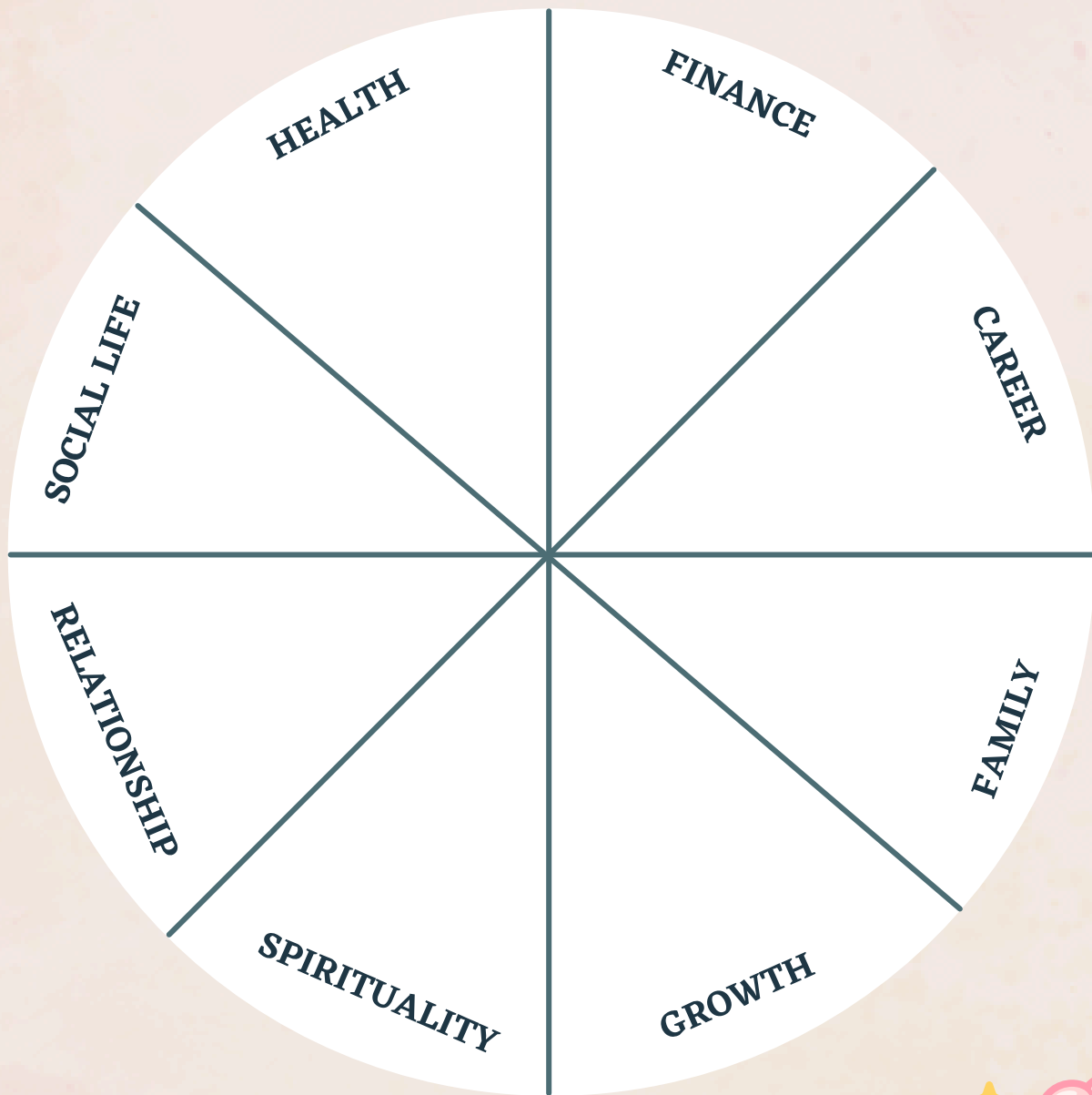


Wheel Of Life



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

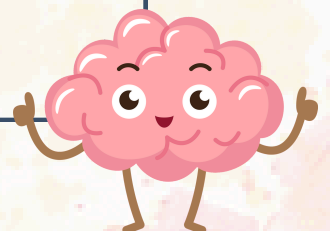


I am Grateful For

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

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POSITIVE THOUGHT

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NEGATIVE THOUGHT

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POSITIVE THOUGHT

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NEGATIVE THOUGHT

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POSITIVE THOUGHT

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NEGATIVE THOUGHT

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POSITIVE THOUGHT

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A cartoon brain character with a face, arms, and legs, pointing to a yellow notepad with a pencil.



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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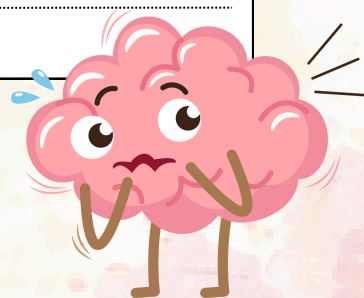
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Anxiety Checklist

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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."

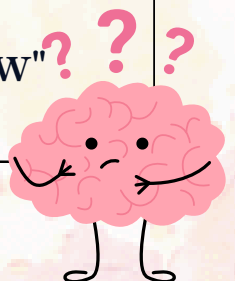
"Day by day, minute to minute I am capable and prepared"

"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" ? ? ?





Deep Breath Assistance

Date and Time	Anxiety Level Before 0-100%	Anxiety Level After 0-100%





My Mindset

Thoughts That Help Me Grow

Thoughts That Won't Help Me Grow

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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 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

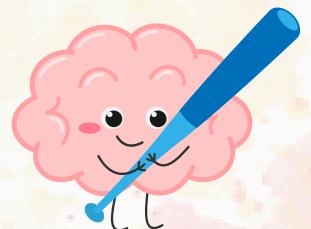
1

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My Safety Plan

MY CIRCLE OF SUPPORT

MY TRIGGERS

MY STRENGTHS

MY COPING SKILLS

MY TRIGGERS

MY DISTRACTIONS





Anxiety Log

Date & Time	Situation	Physical Condition	What Did I Do	What Did I say to Myself	Anxiety Rating (1-10)



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?

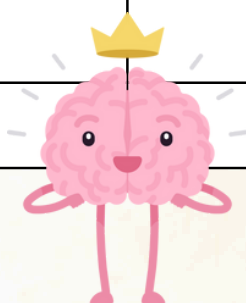
Am I making up worries to feed my addiction to worry? If so, why?

Other thoughts:





My feelings, sensations, and facts

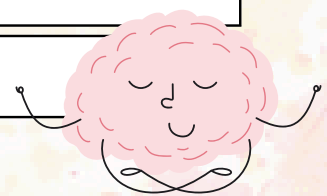
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Deep Breathing

Time/Date	Anxiety Level Before 0-100%	Anxiety Level After 0-100%



Mental Health Checklist



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Positive Thoughts



Negative Thoughts

Positive Thoughts





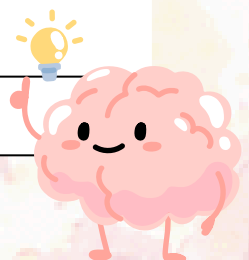
My Main Goals

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	○ ○ ○ ○ ○

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Snacks	_____
Rate your day	○ ○ ○ ○ ○

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Snacks	_____
Rate your day	○ ○ ○ ○ ○

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Rate your day	○ ○ ○ ○ ○

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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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17:00

18:00

19:00

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22:00

23:00

TOP 3 PRIORITIES

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REMINDER

DAILY AFFIRMATIONS

FOR TOMORROW

NOTES

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Period Tracker

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KEY	
	SPOTTING
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	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

CYCLE LENGTH	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES





Problem Solving

Problem to Solve

End Goal

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1st Solution

Pros

Cons

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2nd Solution

Pros

Cons

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3rd Solution

Pros

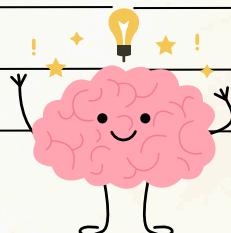
Cons

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Chooosen Solution

Next Steep

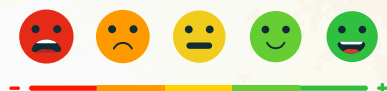
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Stress Level Tracker

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
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15												
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Stress Level







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?





Health Habit

WEEK OF _____

	MENU PLANNER	WORKOUT	WATER INTAKE
Monday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Tuesday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Wednesday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Thursday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Friday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Saturday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		
Sunday	Breakfast	Exercise	     
	Lunch		
	Dinner	Calories Burned	     
	Snacks		



Exercise Planner



MONDAY

TUESDAY

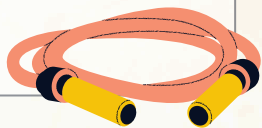
WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY





A Letter To My Self

A series of horizontal dotted lines for writing the letter.

Signature:

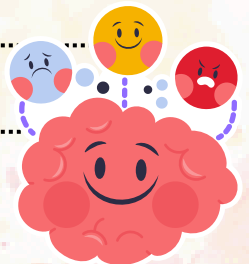


Journal Entry

Date:

Topic:

Journal entry writing area with horizontal dotted lines.



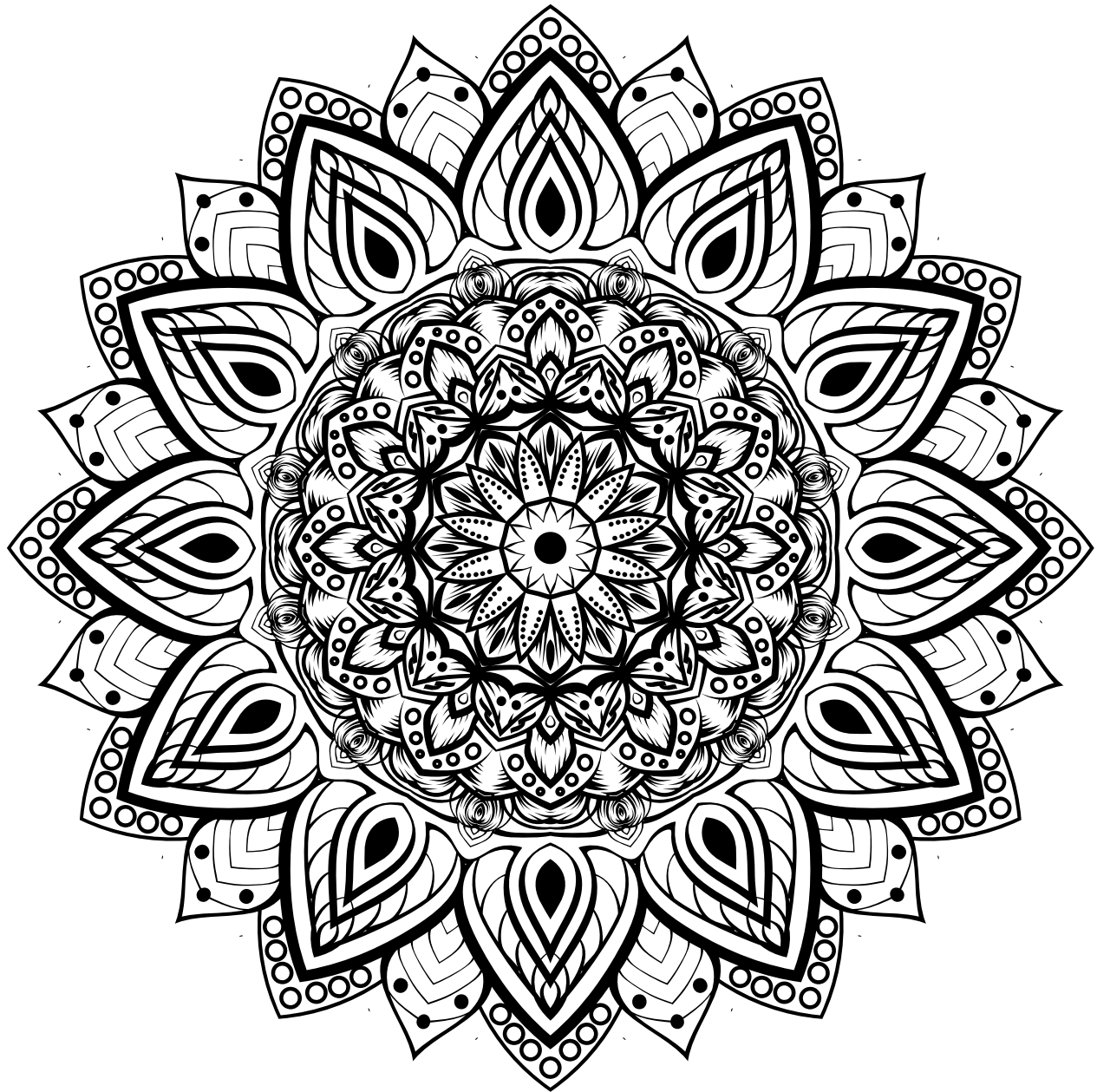
Daily Gratitude

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

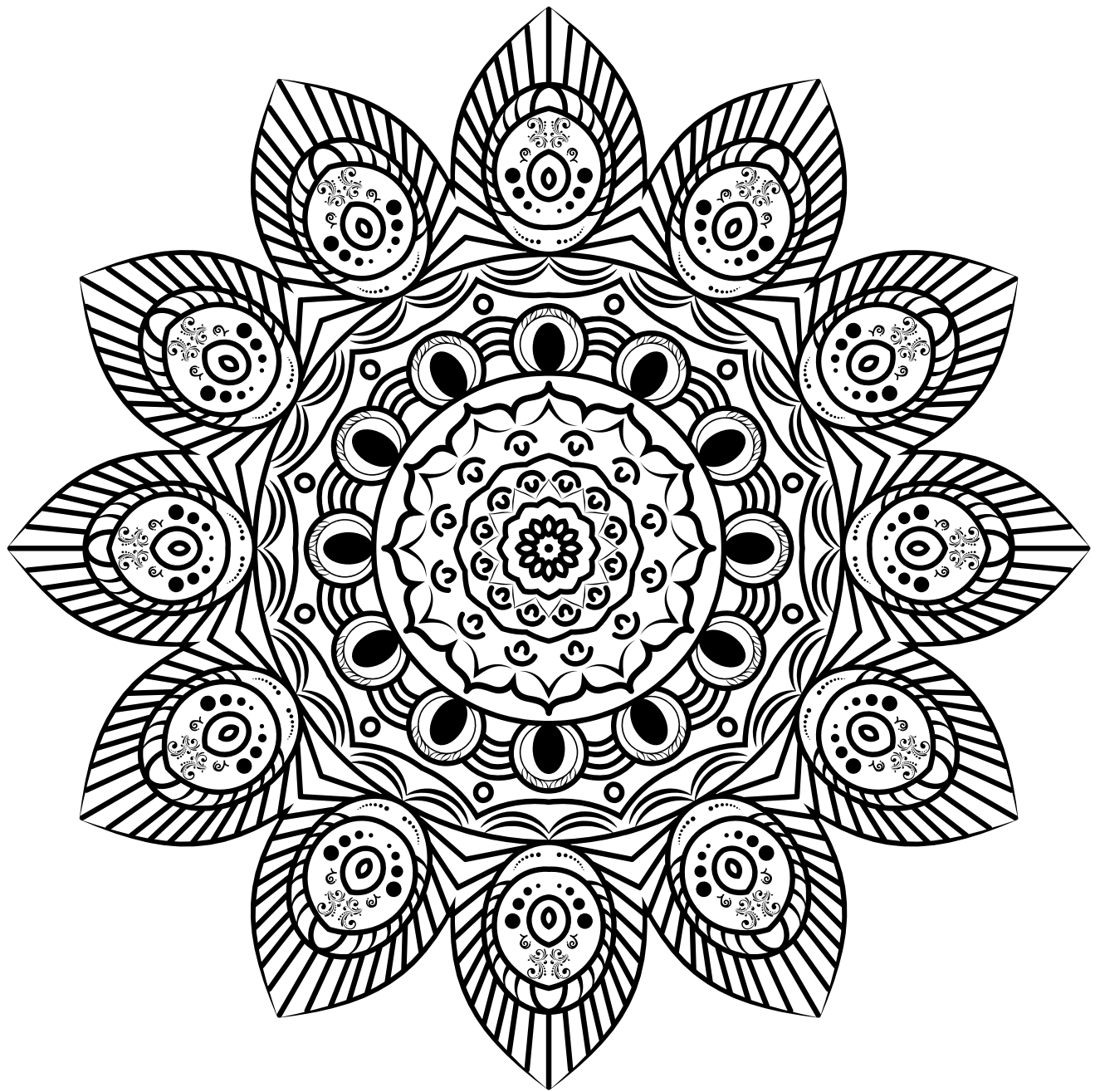
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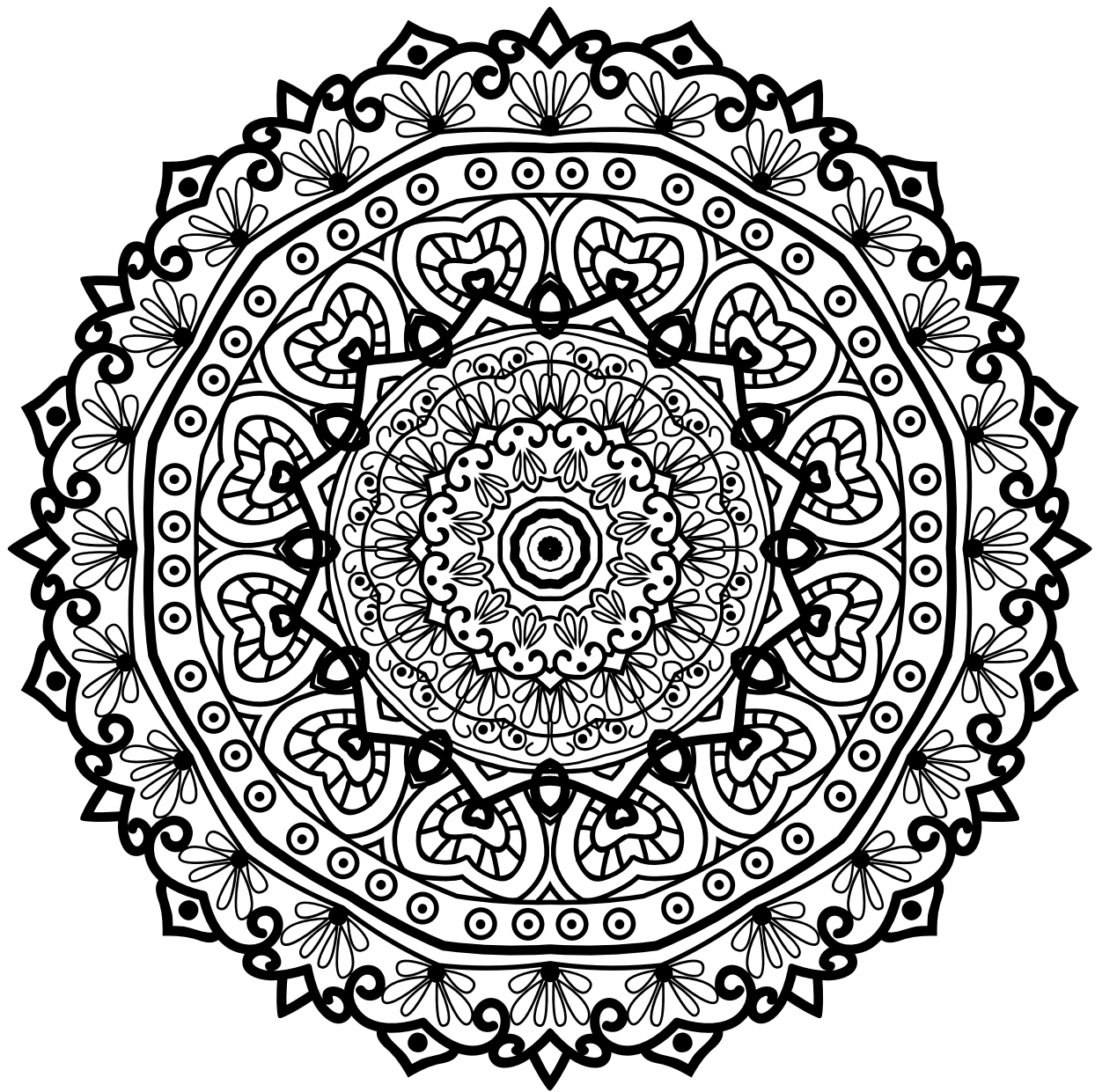
Stress Relief Coloring Page



Stress Relief Coloring Page



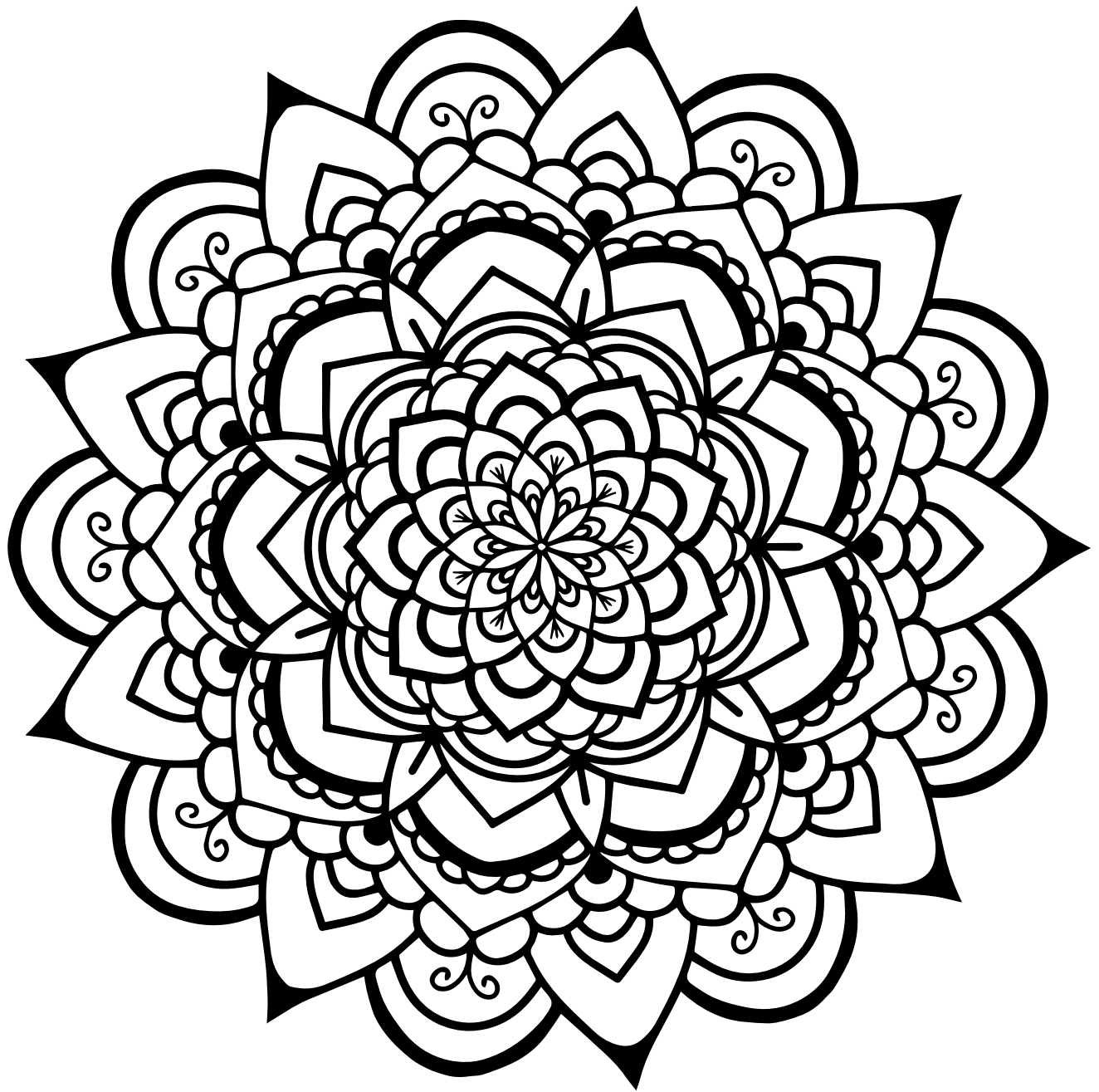
Stress Relief Coloring Page



Stress Relief Coloring Page



Stress Relief Coloring Page



NOTES

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