

WELLNESS PLANNER & JOURNAL



MPossible Media

DREAM JOURNAL

DATE

WHAT HAPPENED?

MY EMOTIONS

PEOPLE IN THE DREAM

RECURRING?

YES / NO

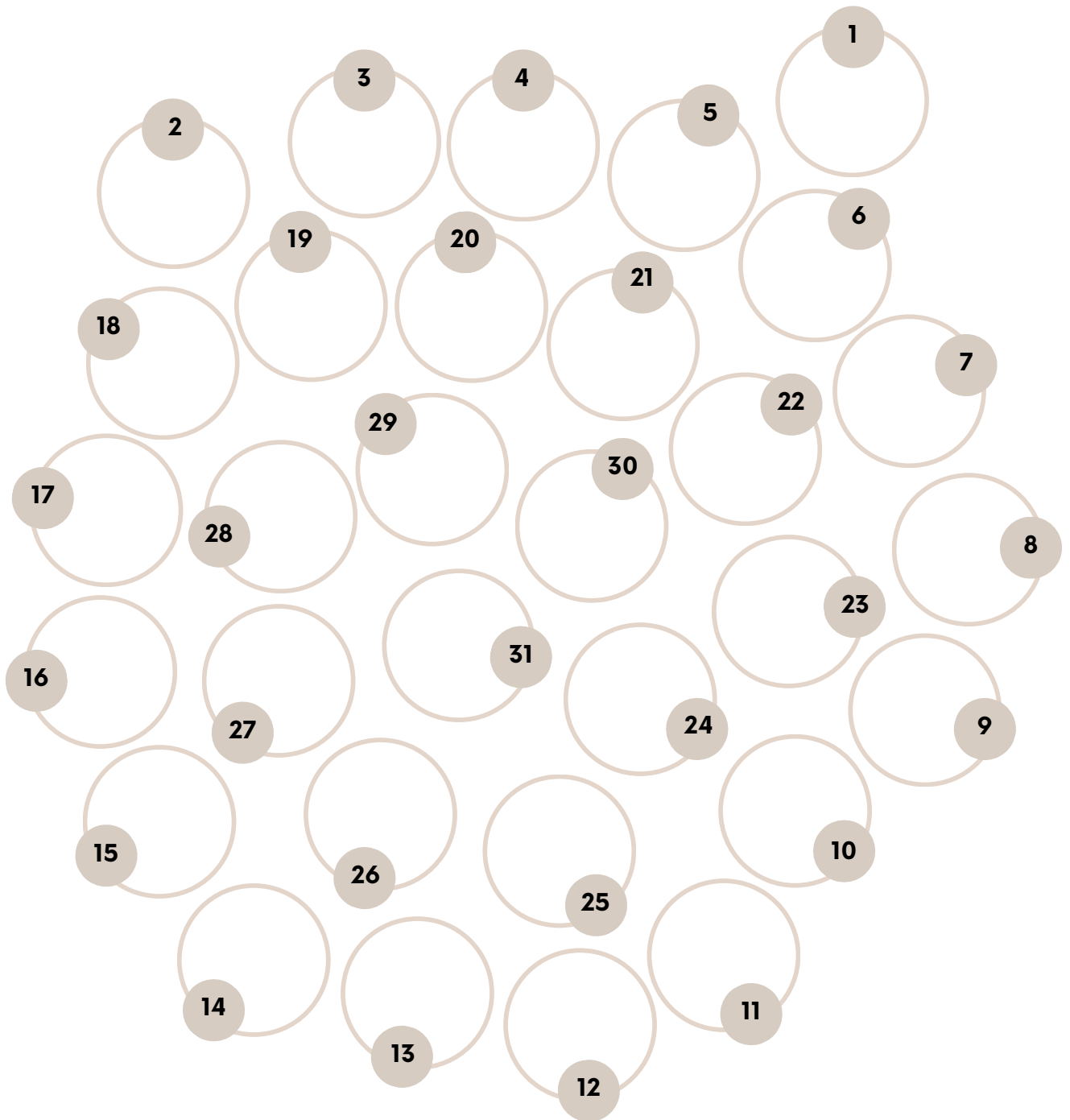
SLEEP QUALITY?



SKETCH

MY INTERPRETATION

MOOD TRACKER



- ☐ ANGRY
- ☐ SAD
- ☐ HAPPY
- ☐ STRESSED

SELF-CARE PLANNER

MY TOP PRIORITIES

<input type="radio"/>	
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NOTE TO SELF

MY SCHEDULE

DAILY NUTRITION

BREAKFAST	
LUNCH	
DINNER	
SNACK	

SELF-CARE TRACKER

MORNING TASKS

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NIGHT TASKS

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SELF-CARE INTENTION

PHYSICAL SELF-CARE

EMOTIONAL SELF-CARE

SPIRITUAL SELF-CARE

INTELLECTUAL SELF-CARE

SOCIAL SELF-CARE

ENVIRONMENTAL SELF-CARE

SUBJECT NOTES

SELF-REFLECTION QUESTIONS

QUESTIONS

ANSWERS

WHAT ARE MY GOALS?

WHAT AM I GRATEFUL FOR?

WHAT DO I LOVE ABOUT MYSELF?

WHO MATTERS THE MOST TO ME?

WHAT ARE MY VALUES?

WHAT DO I LIKE TO DO FOR FUN?

WHAT AM I WORRIED ABOUT?

WHERE DO I FEEL SAFEST?

WHO GIVES ME COMFORT?

WHAT IS MY HAPPIEST MEMORY?

WHAT KEEPS ME GROUNDED?

WHAT ARE MY STRENGTHS?

WHAT AM I ASHAMED OF?

WHEN AM I AT MY BEST?

WHAT DO I ENJOY?

MY NOTES

DATE:

A decorative background pattern consisting of a grid of small, light brown dots on a light beige background. The dots are arranged in a regular 12x12 grid, with each dot centered within its respective cell. The background is a solid light beige color, and the dots are a muted, earthy brown. The overall effect is a subtle, textured pattern that adds visual interest to the page.

SELF-CARE JOURNEY

MONTH:

YEAR:

ACTS OF SELF-CARE

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

AFFIRMATION



TODAY'S MOOD



I'M GRATEFUL FOR

INSPIRATION:

.....

.....

SELF-CARE PLANNER

MONTH:

YEAR:

MY TOP PRIORITIES

-
-
-

GOALS FOR MY MIND:

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■

■

GOALS FOR MY BODY:

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REMINDER

NOTES

SELF-CARE JOURNAL

MONTH: _____

YEAR: _____

AFFIRMATIONS

I'M PROUD OF MY...

I'M GRATEFUL FOR...

NOTE TO SELF:

SELF-CARE REMINDER

MONTH:

YEAR:

WHEN AM I AT MY BEST?

WHAT KEEPS ME GROUNDED?

DAILY GRATITUDE

DATE:

WEATHER:

ACTIVITIES

PRIORITIES:

☐☐☐☐

NOTES:

AFFIRMATIONS:

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GRATITUDE FOR TODAY

DATE:

WEATHER:

THINGS I'M GRATEFUL FOR	✓

MOTIVATION

REMINDER

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GRATITUDE REFLECTION

MONTH:

WEATHER:

WHY DO YOU FEEL GRATEFUL?

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WHAT DO YOU APPRECIATE?

.....

.....

.....

WHAT YOU ARE LOOKING FORWARD TO?

.....

.....

MONTHLY POSITIVITY

MONTH:

WEATHER:

NOTE TO SELF:

CALENDAR

M T W T F S S

I AM THANKFUL FOR:

☐☐☐☐☐

DAILY SELF-CARE PLAN

DATE:

TODAY'S FOCUS

PRIORITIES LIST

MY REMINDER

GOALS FOR MY MIND

GOALS FOR MY BODY

SELF-CARE RITUALS

DATE:

MORNING RITUALS	M	T	W	T	F	S	S

EVENING RITUALS	M	T	W	T	F	S	S

SELF-CARE TRACKER

MORNING TASKS	M	T	W	T	F	S	S

NIGHT TASKS	M	T	W	T	F	S	S

SLEEP TRACKER

DATE:

	MON	TUE	WED	THU	FRI	SAT	SUN
SLEEP							
HOURS							
WAKE UP							
MOOD	<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"/> 😭
NOTES							

SELF-CARE GOALS

DATE:

TODAY'S AFFIRMATION:

WHAT IS THE PURPOSE BEHIND MY SELF-CARE GOALS?

HOW CAN I ACHIEVE THEM?

WHAT MOTIVATES ME?

HABITS TO START:

- 1.
- 2.
- 3.
- 4.
- 5.

HABITS TO STOP:

- 1.
- 2.
- 3.
- 4.
- 5.

SELF ASSESSMENT

DATE:

HOW DO I FEEL AT THIS MOMENT?

WHAT AM I PUTTING OFF?

OVERALL WELL-BEING

1

2

3

4

5

6

7

8

9

10

I GET ENOUGH SLEEP

1

2

3

4

5

I SPEND TIME TO RECHARGE

1

2

3

4

5

I HAVE A HEALTHY EATING HABIT

1

2

3

4

5

I KEEP MY SPACE CLEAN

1

2

3

4

5

I EXERCISE MY BODY REGULARLY

1

2

3

4

5

I TAKE CARE OF MY HYGIENE

1

2

3

4

5

WEEKLY SELF-CARE PLAN

WEEK:

AFFIRMATIONS

TO DO LIST

SCHEDULE

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:

30-DAY SELF-CARE

DATE:

YEAR:

MONTH:

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 MENTAL NEEDS

AFFIRMATION

PROJECT TASK

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

THERAPY

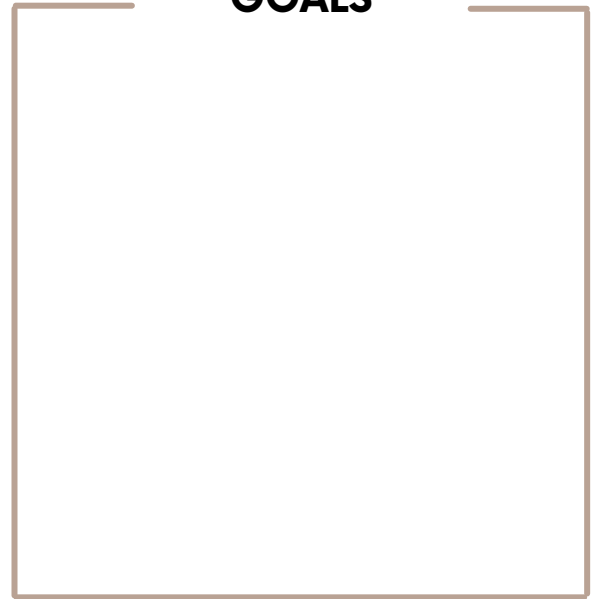
TAKE A BREAK

HAPPINESS SCHEDULE

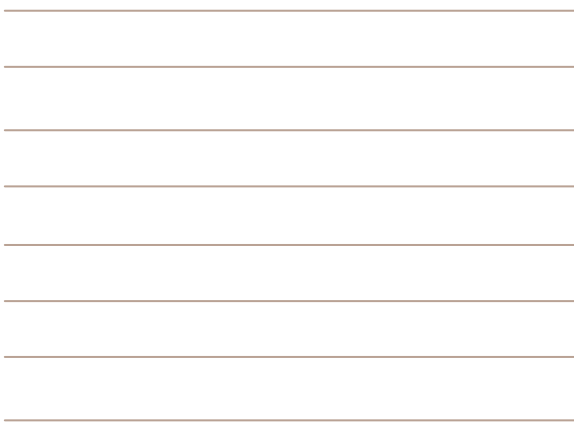
MORNING ROUTINE

- ☐ Wake up on time
- ☐ Stay away from social media
- ☐ Record positive affirmation
- ☐ Eat a nutritious breakfast
- ☐ Shower
- ☐ 30 mins of exercise

GOALS



PERSONAL TIME



MINDFUL AWARENESS



DATE :

QUOTE OF THE DAY :

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SELF-LOVE CHALLENGE

<input type="checkbox"/> BE GRATEFUL FOR YOURSELF	<input type="checkbox"/> READ A BOOK	<input type="checkbox"/> GET OUT IN NATURE	<input type="checkbox"/> WATCH THE SUNRISE	<input type="checkbox"/> GO TO BED EARLY
<input type="checkbox"/> LISTEN TO FAVORITE SONG	<input type="checkbox"/> GO TO THE GYM	<input type="checkbox"/> RELAX IN A BUBBLE BATH	<input type="checkbox"/> COOK YOUR FAVORITE MEAL	<input type="checkbox"/> PRACTICE YOGA
<input type="checkbox"/> EAT YOUR FAVORITE TREAT	<input type="checkbox"/> WRITE A JOURNAL	<input type="checkbox"/> GIVE YOURSELF A FACIAL	<input type="checkbox"/> DRINK MORE WATER	<input type="checkbox"/> PRACTICE GRATITUDE
<input type="checkbox"/> NAME 3 THINGS YOU LOVE ABOUT YOURSELF	<input type="checkbox"/> EAT HEALTHY	<input type="checkbox"/> EXPLORE A NEW CITY	<input type="checkbox"/> WATCH YOUR FAVORITE MOVIE	<input type="checkbox"/> MEET WITH GOOD FRIENDS
<input type="checkbox"/> BUY YOURSELF A TREAT	<input type="checkbox"/> START A NEW HOBBY	<input type="checkbox"/> BUY YOURSELF FLOWERS	<input type="checkbox"/> ORGANIZE YOUR CLOSET	<input type="checkbox"/> WATCH THE SUNSET
<input type="checkbox"/> TAKE A DAY OFF	<input type="checkbox"/> LEARN A NEW SKILL	<input type="checkbox"/> ACCEPT YOUR MISTAKES	<input type="checkbox"/> DANCE LIKE NOBODY IS WATCHING	<input type="checkbox"/> THANK YOURSELF

SELF-LOVE JOURNEY

I FEEL LOVED WHEN...

I FEEL HAPPY WHEN...

I FEEL BLESSED WHEN...

I FEEL CONFIDENT WHEN...

I FEEL PROUD WHEN...

I FEEL GRATEFUL WHEN...

I feel safe when...

SELF-LOVE QUESTIONS

IN WHAT WAYS DO I SHOW LOVE FOR MYSELF?

DO I FEEL GUILTY IF I PUT MY NEEDS FIRST?

HOW IMPORTANT IS MY OWN HAPPINESS?

WHEN WAS THE LAST TIME I GAVE A COMPLIMENT TO MYSELF?

MONTHLY GOALS

MONTH:

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

GOAL:

WHY?	HOW?	WHEN?	WHERE?
------	------	-------	--------

GOAL:

WHY?	HOW?	WHEN?	WHERE?
------	------	-------	--------

GOAL:

WHY?	HOW?	WHEN?	WHERE?
------	------	-------	--------

NOTES:

SELF-LOVE PRACTICE

EMOTIONAL	PHYSICAL
<ul style="list-style-type: none">	<ul style="list-style-type: none">
SPIRITUAL	SOCIAL
<ul style="list-style-type: none">	<ul style="list-style-type: none">

WEEKLY SELF-REVIEW

DATE:

YEAR:

MONTH:

HOW WAS THE WEEK?

FELT GRATEFUL FOR:

THIS WEEK'S SMALL WINS

THINGS I HAVE IMPROVED ON:

TASK IN PROGRESS

THINGS NOT WORKING WELL THIS WEEK:

WHAT TO NOTE THIS WEEK:

SELF-ASSESSMENT

MON

TUE

WED

THU

FRI

SAT

SUN

HOW DO I FEEL AT THIS
MOMENT?

I AM HAPPY

YES

NO

I GET ENOUGH SLEEP

YES

NO

I SPEND TIME TO RECHARGE

YES

NO

I EAT HEALTHY

YES

NO

I KEEP MY SPACE CLEAN

YES

NO

I EXERCISE MY BODY REGULARLY

YES

NO

I TAKE CARE OF MY HYGIENE

YES

NO

WHAT AM I PUTTING OFF?

MEDICATION TRACKER

[illegible]

APPOINTMENT RECORDS

DATE	DESCRIPTION	DOCTOR	NOTES

DATE	DESCRIPTION	DOCTOR	NOTES

TO-DO LIST

MONTH:

MY NOTES

DATE:

MY NOTES

LET'S DRAW



NOTES

