

Mental Health

Journal



Calendar

January

MO TU WE TH FR SA SU

February

MO TU WE TH FR SA SU

March

MO TU WE TH FR SA SU

April

MO TU WE TH FR SA SU

May

MO TU WE TH FR SA SU

June

MO TU WE TH FR SA SU

July

MO TU WE TH FR SA SU

August

MO TU WE TH FR SA SU

September

MO TU WE TH FR SA SU

October

MO TU WE TH FR SA SU

November

MO TU WE TH FR SA SU

December

MO TU WE TH FR SA SU

All About Me

MY FULL NAME IS

I LIKE TO BE CALLED

MY BIRTHDAY IS

I LIVE WITH MY

FOR FUN, I LIKE TO

THIS YEAR, I HOPE TO LEARN ABOUT

MY FRIENDS' NAMES ARE

WHEN I GROW UP, I WANT TO BE

HOW TO SELF-CARE



MENTAL HEALTH

Tips For Taking Care Of Your

Talk To Someone
You Trust

Take Care Of Your
Physical Health

Do Activities
That You Enjoy

Take Two Minutes
To Focus On The
World Around You

Don't Be Afraid
To Say "No"

Tell Yourself That
Everything
Will Be Fine

MENTAL HEALTH

Tips For Taking Care Of Your



Talk To Someone You Trust



Take Care Of Your Physical Health



Do Activities That You Enjoy



Take Two Minutes To Focus On
The World Around You



Tell Yourself That Everything
Will Be Fine

3 TIPS FOR A HAPPY LIFE

1. Be Grateful Every Day

Reflecting on positive things and writing in a gratitude journal can increase happiness and satisfaction.

2. Maintain Good Social Relations

Spending time with family and friends provides emotional support and increases feelings of happiness.

3. Do Activities You Enjoy

Doing hobbies and activities you love gives you a sense of accomplishment and satisfaction.

Mental Health Tips

FOR BUSINESS LEADERS



1

BECOME A PROFICIENT OBSERVER

It's easy to justify our feelings by telling ourselves, but the real trick is challenging those thoughts.



2

TAKE ACTION BEFORE YOU HIT ROCK BOTTOM

Whenever you notice you're slipping, this is the time to do something about it.



3

LEAD BY EXAMPLE FOR YOUR STAFF

It can empower your colleagues when you look after your own mental health.



4

KNOWING THE SERVICES AVAILABLE

There is a lot of online support for mental health, making it easier to talk and gain confidence.

These 4 tips Will Help You Manage Your Mental Health



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



Manage stress proactively

The release of uncomfortable emotions can help you manage maintain mental health.



Humans are hardwired to desire meaningful connections with others.

Friendly with others



TIPS FOR MAINTAINING MENTAL HEALTH

DON'T BE
AFRAID TO
SAY "NO"

DON'T GIVE
UP ON YOUR
DREAM

CONNECT WITH
OTHERS AND BE
SOCIABLE

DON'T BE
TO HARD ON
YOURSELF

BELIEVE
YOURSELF

ASK
FOR
HELP



5 Ways
To Be

MINDFUL

1

Focus on what is happening around you.
What do you see, hear, smell, taste, or feel?

2

Take deep breaths and count each time you
breathe in and breathe out.

3

Show yourself some compassion by thinking
kind thoughts about yourself.

4

Think of a person or place that makes you
happy. What brings you joy?

5

Find a quiet activity that makes you feel calm
and allows you to focus your attention.

5 Ways of Thinking That Will Improve Your Life



01

A Growth Mindset

Believe that you can grow and develop with effort, practice, and learning.



02

A Positive Mindset

Focus on the good things in your life and work to turn negative thinking into positive thinking.



03

An Open Mindset

Strive to remain open-minded by considering different perspectives and challenging your own beliefs.



04

A Creative Mindset

Looking at problems from a different perspective can often lead to innovative solutions.



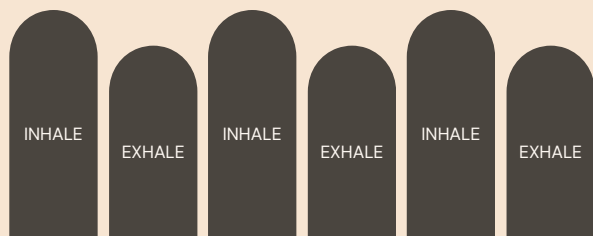
05

A Confident Mindset

Developing a confident mindset will help you take on challenges with courage and enthusiasm.

5 Minute Gratitude Journal

Breath before writing



Things you're grateful today

☐☐☐☐☐

Describe today in a drawing

A large, empty rounded rectangle with a thin black border, intended for a drawing.

Today's Affirmation

DATE: ___/___/___

S M T W T H F S

3 best thing about today

Three empty rounded rectangles stacked vertically, intended for writing the three best things about today.

Today's Highlight

A large, empty oval with a thin black border, featuring two starburst icons at the top and bottom, intended for highlighting a special moment.

Things that you learned





A large, empty rounded rectangle with a thin black border, intended for writing things learned.

DAILY HEALTH

DATE: _ _ _ / _ _ _ / _ _ _

BODY CARE:

BREAKFAST		SNACK
LUNCH		
DINNER		

SPORT





DON'T FORGET

- 1 _____
- 2 _____
- 3 _____

SLEEP AT	WAKE UP AT

MENTAL CARE:

TODAY WAS	TOMORROW WILL

APPOINTMENTS

VISION BOARD

Career

Finance

Relationships

Love

Personal Growth

Health

Leisure

Home

Self-Care Planner

DATE

___ / ___ / ___

S

M

T

W

T

F

S

TODAY'S ACTIVITIES

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

WEATHER :



MOOD :



WATER BALANCE :



*Things that make
me happy today*

HOURS OF SLEEP



SLEEPLESS —————> FULLY CHARGED

GOALS FOR
TOMORROW

MY SELF-CARE CHECKLIST

[illegible]

Daily Gratitude



Things you are grateful for today

MORE OF THIS:

LESS OF THIS:

Affirmations

- ---
- ---
- ---
- ---
- ---

GRATITUDE

MONTHLY

PREVIEW

DATE

___ / ___ / ___

THIS MONTH'S INTENTION IS

HOW DO YOU FEEL?

HOW DO YOU WANT TO FEEL?

WHERE DO YOU WANT TO FOCUS YOUR ENERGY?

Notes:

GRATITUDE

MONTHLY

REVIEW: DATE ____ / ____ / ____

HIGHLIGHTS OF THE MONTH

1 _____

2 _____

3 _____

WHAT IS SOMETHING NEW YOU'VE LEARNED?

WHAT WERE SOME OF THE CHALLENGES YOU FACED?

WHAT IS THE BEST THING YOU HAVE DONE FOR YOURSELF THIS PAST MONTH?

HAS PRACTICING GRATITUDE HELPED YOU THIS MONTH?

YES

MAYBE

NO

DAILY PLANNER

M	T	W	T	F	S	S
---	---	---	---	---	---	---

TIME	ACTIVITY
06:00	
07:00	
08:00	
09:00	
10:00	
11:00	
12:00	
13:00	
14:00	
15:00	
16:00	
17:00	
18:00	
19:00	
20:00	

3 MAIN TASKS

TO DO LIST

REMARK

WEEKLY PLANNER

DATE:

MONDAY:

WEEKEND

TUESDAY:

TO-DO LISTS

WEDNESDAY:

THURSDAY:

NOTE

FRIDAY:

SATURDAY:

Monthly Planner

Month:

Year:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Top Priorities

Notes

Self-Care

CHECKLIST

DATE ____ / ____ / ____

S M T W T F S

- ☐ HEALTHY MEALS
- ☐ GO FOR A WALK
- ☐ CLEANING HOUSE
- ☐ WASHING CLOTHES
- ☐ LISTEN TO MUSIC
- ☐ HAVE A POWER NAP
- ☐ MAKE YOUR BED
- ☐ TAKE YOUR MEDICATIONS & VITAMINS
- ☐ SKINCARE ROUTINE
- ☐ SOCIAL MEDIA BREAK
- ☐ TAKE A LONG BATH
- ☐ DO A FACE MASK
- ☐ CALL A FRIEND OR FAMILY
- ☐ MEDITATION
- ☐ WATCH A MOVIE
- ☐ CUDDLE A PET OR HUMAN
- ☐ TRY A NEW RESTAURANT
- ☐ MAKE TIME TO READ
- ☐ TRY A NEW RECIPE
- ☐ NO PHONE 30 MINS BEFORE BED

WEATHER :



MOOD :



WATER BALANCE :



HOURS OF SLEEP



*Things that make
me happy today*

Self-Care Practice

Name :

Date :

Physical Self-care

EMOTIONAL SELF-CARE



Things I like

SPIRITUAL SELF-CARE



Things I don't like

Intellectual Self-care



Social Self-care



Financial Self-care

30 DAY SELF CARE CHALLENGE

MONTH:

YEAR:

take a 10
minute walk
outside

practice deep
breathing for
5 minutes

drink a glass
of water

learn yoga for
beginner

listen to your
favorite song

stretch for
5 minutes

have a
healthy snack

meditate for
10 minutes

call a friend
or family
member

take a power
nap

do a quick
decluttering
session

watch
a funny video

read a few
pages of a
book

do a quick
workout

have
a soothing
cup of tea

try a new
recipe

write in a
journal for 5
minutes

do a random
act of
kindness

take
a relaxing
bath

unplug from
technology for
an hour

watch the
sunset or
sunrise

do a mini
DIY project

make some
word of
affirmation

dance to
your favorite
music

reflect on your
day before
going to bed

notes

goals

SELF CARE INTENTION

MONTH:

YEAR:

PHYSICAL SELF CARE

EMOTION SELF CARE

SPIRITUAL SELF CARE

SOCIAL SELF CARE

NOTE TO SELF

Self-Care Assessment

SPIRITUAL SELF-CARE

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meditate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spend time in nature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Act in accordance with my morals and values
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in a cause that is important to me

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Profesional Self-Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take breaks during work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improve my professional skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall professional self-care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocate for fair pay, benefits, and other needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take on project that are interesting or rewarding

Self Reflection Questions

What are my goals in my life?

What are my strengths?

What do i love about my self?

Who matters the most to me?

What am i ashamed of?

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 my grounded?

What am i grateful for?

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						

Self-Care Challenge Checklist

CHECKLIST

M

T

W

T

F

S

S

Meditate for 10 min

Deep breathing

Walk for at least 15 min

Talk to friends

Journal for 15 min

Listen to a podcast or read
a book

Exercise or run for 30 min

Healthy diet

Take vitamins

No technology 30 min before
bedtime

7-8 hours of sleep

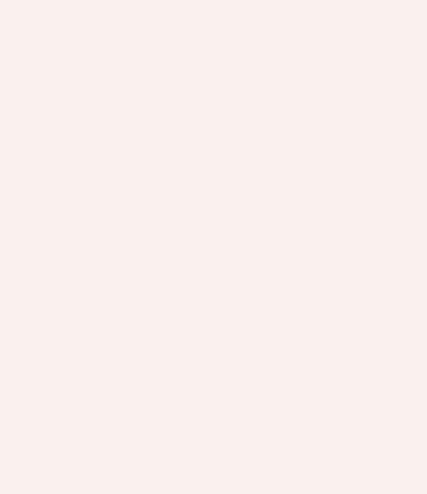
NOTES

Self-Care Tracker

DATE / /

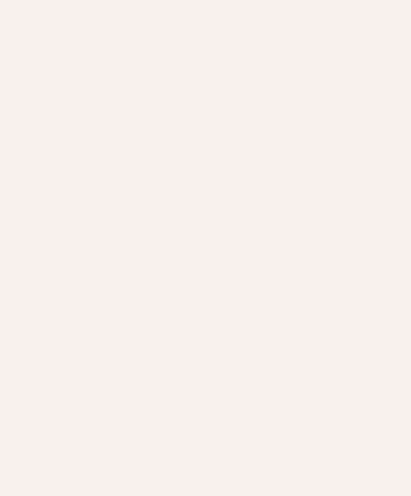
Morning Rituals

S M T W T F S

[illegible]

Night Rituals

S M T W T F S

[illegible]

Sleep Tracker

MONTH:

[illegible]

Habit Tracker

HABITS

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"/>
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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"/>

Goals

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Daily Wellness Log

Daily Affirmation

Water Tracker



Exercise Log

Mood Tracker



Meals

Breakfast

Lunch

Dinner

Snacks

Drinks

Daily Affirmation

Today I am grateful for

1.

2.

3.

Things I can do to make today great

1.

2.

3.

Great things that happened today

1.

2.

3.

Thoughts and Reflections

Daily Self-love Journal

Mood:



DATE:

___ / ___ / ___

EMPOWERING
AFFIRMATION

TODAY, I FORGIVE MYSELF FOR...

I FEEL GOOD ABOUT MYSELF
BECAUSE...

todo

REMINDER

REFLECTION

Weekly self love journal

Mood:



DATE

___ / ___ / ___

Monday

Three positive things about me...

Tuesday

I feel good about myself when...

Wednesday

Things I should do when I'm sad...

Thursday

Things I should do when I'm Bored...



Weekly self love journal

Mood:



DATE

___ / ___ / ___

Friday

Things I should do when I feel tired...

Saturday

Things that made me happy today...

Sunday

I will challenge myself to...

Notes:



Brain Dump

MONTH:

TOPIC	

THOUGHTS

IDEAS

ACTION STEPS

[illegible]

Goal Tracker

Goal 1:

Start Date	Action Steps	Notes
End Date	<input type="radio"/>	
My Why	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

Goal 2:

Start Date	Action Steps	Notes
End Date	<input type="radio"/>	
My Why	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

Goal 3:

Start Date	Action Steps	Notes
End Date	<input type="radio"/>	
My Why	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

Goal 4:

Start Date	Action Steps	Notes
End Date	<input type="radio"/>	
My Why	<input type="radio"/>	
	<input type="radio"/>	
	<input type="radio"/>	

Medication Tracker

[illegible]

MEDICAL HISTORY

Name :
Age :
Blood Group :
Primary Doctor :
Allergies :
Chronic Conditions :

[illegible]

Doctor Visits

DATE ____ / ____ / ____

Time :



PATIENT :

HOSPITAL :

DOCTOR :

CONTACT INFO :

LOCATION :

AGE :

HEIGHT :

WEIGHT :

HEART RATE :

BLOOD PRESSURE :

REASON FOR VISIT

DOCTOR'S COMMENTS

PRESCRIPTION & INSTRUCTIONS

Medical Condition



PATIENT
AGE / GENDER
WEIGHT
HEIGHT

DOCTOR
TEMPERATURE
HEART RATE
BLOOD PREASURE

DATE	TREATMENT	DESCRIPTION

MEDICAL NOTE

ALLERGIES

Medical Appointment

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

EMERGENCY HOSPITAL VISIT

Arrival

DATE: __/__/__

TIME:

NAME:

DOCTOR:

DEPARTMENT:

ASSISTANT:



CASE



TESTS & RESULTS



MEDICATION ISSUED

NOTES

FIRST AID INFO SHEET

First Aid Kit Location:

Inventory List	Qty
----------------	-----



Burn injury first aid :

Seizure first aid :

Stroke first aid :

Heart attack first aid :

Period Tracker

J F M A M J J A S O N D

1												
2												
3												
4												
5												
6												
7												
8												
9												
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29												
30												
31												

SYMPTOMS KEY

- ☐ Spotting
- ☐ Light
- ☐ Medium
- ☐ Heavy
- ☐ Acne
- ☐ Cramps
- ☐ Cravings
- ☐ Fatigue
- ☐ Headache

Things to Avoid

NOTE

ANXIETY BREAKDOWN

Name:

Date:

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?

In this case, what is under your control?

What can you do to calm your body?



MORNING ROUTINE

- ☐ *no phone for the first 30 min*
- ☐ *journal 3 things you are grateful for*
- ☐ *make the bed*
- ☐ *drink a glass of water*
- ☐ *10 minutes stretch*
- ☐ *short meditation*
- ☐ *shower (or cold shower)*
- ☐ *take vitamins/food supplements*
- ☐ *make breakfast and coffee*
- ☐ *read a book or magazine*
- ☐ *review your schedule for the day*
- ☐ *write down a to-do list*
- ☐ *enjoy your day!*

My Bedtime Routine

(Tick off after you
finished the routine)

- ☐ CLEAN UP THE WORKSPACE
- ☐ BRUSH TEETH & WASH FACE
- ☐ APPLY SKINCARE ROUTINE
- ☐ CHANGE UP TO PAJAMA
- ☐ WRITE TO-DO LIST FOR TOMORROW
- ☐ DRINK WARM WATER
- ☐ JOURNALING
- ☐ TAKE A QUICK MEDITATION

SELF-REFLECTION JOURNAL

DATE: __/__/__

MONTH:

How am I
feeling today?



Great



Good



Okay



Not Good



THINGS TO BE DONE FOR TODAY



Today, I'm grateful for



Today's water intake

1

2

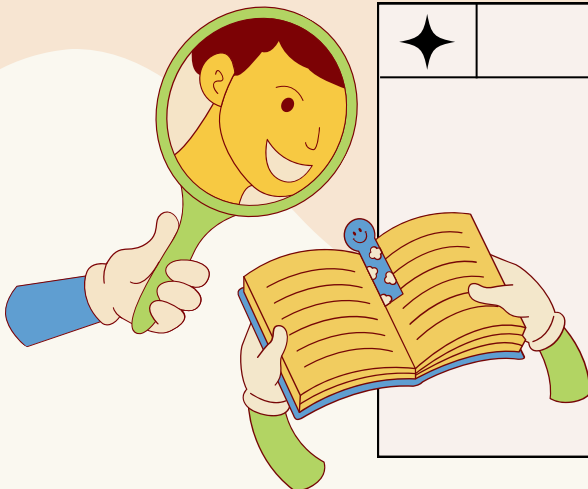
3

4

5

6

7



Best Things Happened Today

VISION BOARD

CAREER

FINANCE

RELATIONSHIPS

LOVE

PERSONAL GROWTH

HEALTH

LEISURE

HOME

VISION BOARD

WEALTH:	HEALTH:	LOVE:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

CAREER:	SPIRITUALITY:	FAMILY:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.

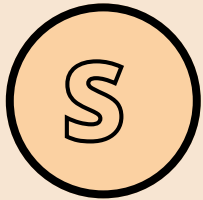
KNOWLEDGE:
1.
2.
3.
4.
5.

BREAK DOWN YOUR GOALS!

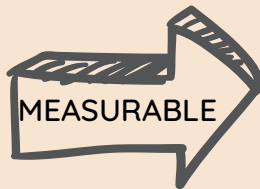
NAME: _____

DATE: _____

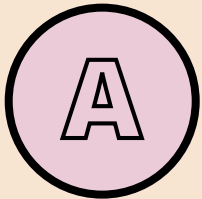
MY SMART GOAL PLANNER



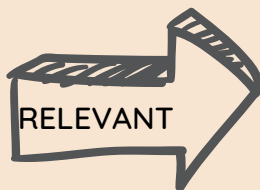
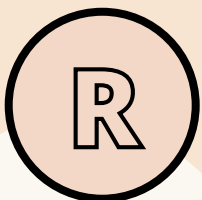
What exactly do I want to accomplish?



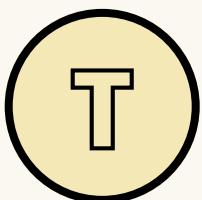
How will I know when I meet my goal?



Is it possible to meet this goal with effort by my timeline?



Is this goal worth working hard to accomplish? Does it help me with my long term goals?



What is the deadline I have set to meet this goal?

MAKE YOUR GOALS SMART

Setting realistic and achievable outcomes.

My goal is:

S
SPECIFIC

What do I want to happen?

M
MEASUREABLE

How will I know when I
have achieved my goal?

A
ATTAINABLE

Is the goal realistic and
how will I accomplish it?

R
RELEVANT

Why is my goal
important to me?

T
TIMELY

What is my deadline
for this goal?

GOALS PLANNER

Date _____

Goals:

Today's Mood

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

● ☐

Goal of the day

Water Intake

Notes / Reminder



To Start



Ok



Delay

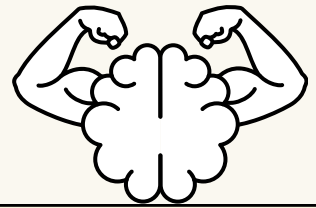


Stuck



Cancel

MY STRENGTHS



Name:

Things I enjoy doing with my parents

My family make me feel happy and safe when

Things I am good at which. make me happy

I feel most happy about school when

Things my friends do that make me feel happy

In my community, I feel happy and safe when

Self-Care Journal

Date _____

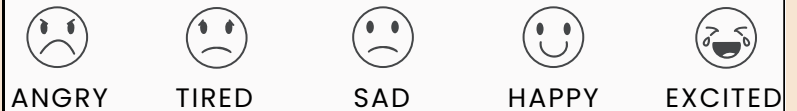
TODAY I'M GRATEFUL FOR:

1. _____
2. _____
3. _____

WATER INTAKE



MOOD



TODAY'S AFFIRMATION

NOTES/REMINDER:

FOR TOMORROW



DEAR MY FUTURE SELF

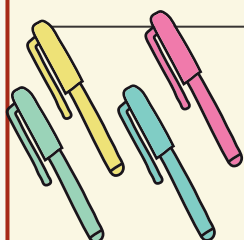
Things to do when I'm sad

Things to do when I'm bored



Today's Date

Dear me,



SELF CARE RITUALS

DATE: __ / __ / ____

MORNING RITUALS

S

M

T

W

F

S

Patient Information	
First Name	
Last Name	
Address	
City	
State	
Zip	
Phone	
Insurance	
Physician Information	
Physician Name	
Physician Address	
Physician City	
Physician State	
Physician Zip	
Physician Phone	
Physician Insurance	
Referral Information	
Referral Number	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	
Referral History	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	
Referral Summary	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	

[illegible]

NIGHT RITUALS

S

M

T

W

F

S

Patient Information	
First Name	
Last Name	
Address	
City	
State	
Zip	
Phone	
Insurance	
Physician Information	
Physician Name	
Physician Address	
Physician City	
Physician State	
Physician Zip	
Physician Phone	
Physician Insurance	
Referral Information	
Referral Number	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	
Referral History	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	
Referral Summary	
Referral Date	
Referral Type	
Referral Source	
Referral Reason	
Referral Status	
Referral Notes	

[illegible]

TO DO LIST

MONTH:

DATE:

[illegible]

MY FAVORITE THINGS

We want to learn about your favorite things!
Please fill in the blanks and share your answers with the class.
Don't forget to decorate your worksheet with colors and drawings to make it even more exciting!



My Favorite Color:

0,



My Favorite Animal:

0,



My Favorite Book:

0,



My Favorite hobby:

0,



My Favorite food:

0,



My Favorite song:

0,

[illegible]

Who is your favorite person? What is he/she like?
What do you like about him/her? Draw and describe.

MY FAVORITE PLACE

Name:

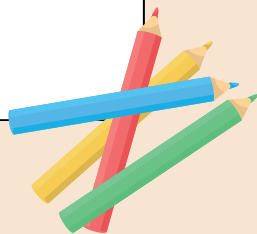


DATE: ___ / ___ / ___

What's your favorite place to be? Why do you love it?



Draw a picture of you in your favorite place.

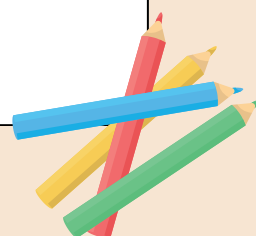


My Best Vacation Ever

Name:

DATE: ___ / ___ / ___

Draw a special moment and describe your favorite vacation.



GRATITUDE JOURNAL

DATE: ___/___/___

TODAY I'M GRATEFUL FOR:

TODAY'S AFFIRMATION:

SOMETHING I'M PROUD OF:

WATER INTAKE



TOMORROW I LOOK FORWARD TO:

NOTES/ REMINDERS

My Daily Gratitude Log



Things you are grateful for today

<hr/> <hr/> <hr/> <hr/> <hr/>

MORE OF THIS:

MORE OF THIS:

LESS OF THIS:

LESS OF THIS:

Affirmations

●	<hr/>
●	<hr/>
●	<hr/>
●	<hr/>
●	<hr/>

30 Days of Gratitude



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 _____

Daily Wellness Log

Daily Affirmation

Water Tracker



Exercise Log

Mood Tracker



Meals

Breakfast

Lunch

Dinner

Snacks

Drinks

Daily Affirmation

Today I am grateful for

1.

2.

3.

Things I can do to make today great

1.

2.

3.

Great things that happened today

1.

2.

3.

Thoughts and Reflections

Daily Gratitude

3 things I'm grateful for today...

1:

2:

3:

What can I learn from today's experiences?

MORNING GRATITUDE

DATE: ___ / ___ / ____

Today I want to feel...

Today I will spread kindness by...

3 things I'm grateful for today are...

"Being happy is a habit."

Evening Gratitude

DATE: ___ / ___ / ____

3 things I'm grateful for today are...

The best part of today was...

What can I learn from today's experiences?

Tomorrow I'm looking forward to...

Mental Health Plan

It matters how you feel about yourself. Put down circumstances and prepare a plan of action for when you'll require assistance.

If...

Then...

What helps.....

If...

Then...

What doesn't help.....

If...

Then...

If...

Then...

MY DAILY MENTAL HEALTH TRACKER

To Do List

My Mood

- ☐ Sad
- ☐ Happy
- ☐ Angry
- ☐ Afraid

MORNING ROUTINE

Water Balance

NOTES

Monthly Reflection Journal

DATE: _ _ / _ _ / _ _ _

TIME: _____

MONTHLY WINS

HOW DOES IT MAKE ME FEEL?

CHALLENGES

HOW CAN I IMPROVE IT?

ACCOMPLISHED GOALS

HABITS RETAINED

UNACCOMPLISHED GOALS

HABITS ELIMINATED

GOALS NEXT MONTH

NEW HABITS DEVELOPED

(GOOD & BAD)

THREE THINGS THAT I AM MOST GRATEFUL FOR THIS MONTH:

Two life lessons I learned this month:

One word that best describes this month:

HOW WILL YOU RATE THIS MONTH?



Weekly Cleaning Checklist

[illegible]

Self Love Gratitude

Date:

TODAY'S AFFIRMATION

Today, I am thankful for...

Best part of my day

Quotes

Self Love Planner

TO DO LIST



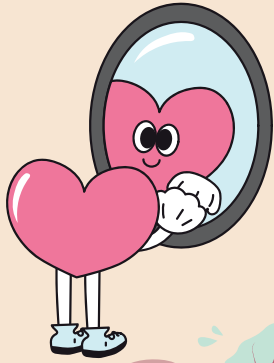
DATE:

Priorities Today

Affirmation

Quotes for Today

PERSONAL REMINDER



SELF-LOVE

REMINDERS



don't
compare
yourself to
others



growing
your
positive
vibe things



Do an
activity
you love



Find a
place that
makes you
happy



Clean your
room and
environment



don't
forget to
take time
to relax

Self Love Notes

REMINDER

DAILY REFLECTION

Today I am grateful for these three things...

1. A healthy lunch
2. Going to a job that I really enjoy
3. Being able to call a friend who lives so far away

Date: 30 January

Water: 6 glasses

Exercise: 1 hour

Today,
this good thing happened to me and I appreciate it because:

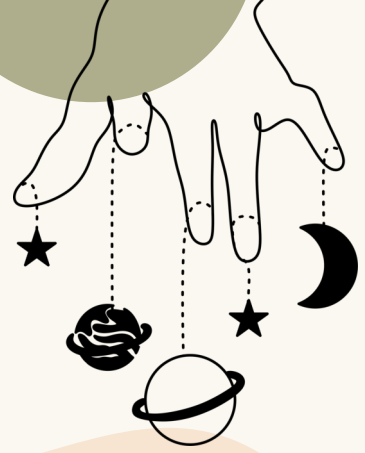
Today,
this not so good thing happened to me and this is how I handled it:

Today,
this thing made me happy:

Today,
I discovered this about myself:

PERSONAL REFLECTION

DATE:



THINGS I'M GRATEFUL FOR

BAD HABITS I NEED TO STOP

THINGS THAT MAKE ME FEEL BETTER



MY SELF EVALUATION

Read each statement below. Place a check mark in the box that best match your behavior in the classroom.

	Always	Sometimes	Never
I follow directions.			
I do my best work.			
I cooperate with others.			
I am polite and respectful to others.			
I complete my work on time.			
I listen to the teacher.			
I raise my hand before I answer questions.			
I participate in class discussions.			
I keep my hands and feet to myself.			



Sunday

[illegible]

To do List

Running	5
Strength	6
Yoga	5

Meal Planner

S	Breakfast:	Lunch:	Dinner:
m	Breakfast:	Lunch:	Dinner:
†	Breakfast:	Lunch:	Dinner:
W	Breakfast:	Lunch:	Dinner:
†	Breakfast:	Lunch:	Dinner:
f	Breakfast:	Lunch:	Dinner:
S	Breakfast:	Lunch:	Dinner:

30-DAY HEALTHY EATING CHALLENGE

Chew 30 times

Drink a lot of water

Eat six small meals a day

Eat more fruits

Drink herbal tea

Eat mindfully

Avoid salt

Don't eat processed foods

Laugh and smile

Don't deprive yourself

Take a cold shower

Walk to work

Try a new exercise

Eat more vegetables

Find a supplement

Cook at home

Make homemade food

Grocery shop mindfully

Don't eat past 7 pm

Stretch

Buy a herb plant

Use sunscreen

Take the stairs

Sleep for eight hours

Don't eat refined sugar

Focus on your posture

Give up weighing yourself

Avoid saturated fats

Eat lean meat

Eat whole carbs

WEEKLY MEAL PLAN

S	Breakfast:	Lunch:	Dinner:
m	Breakfast:	Lunch:	Dinner:
t	Breakfast:	Lunch:	Dinner:
w	Breakfast:	Lunch:	Dinner:
t	Breakfast:	Lunch:	Dinner:
f	Breakfast:	Lunch:	Dinner:
s	Breakfast:	Lunch:	Dinner:



Daily Food Tracker

BREAKFAST

Carb :
Protein :
Fat :
Sugar :
Total Calorie :

LUNCH

Carb :
Protein :
Fat :
Sugar :
Total Calorie :

DINNER

Carb :
Protein :
Fat :
Sugar :
Total Calorie :

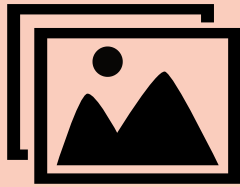
SNACK

Carb :
Protein :
Fat :
Sugar :
Total Calorie :

WATER INTAKE

NOTE

Before & After



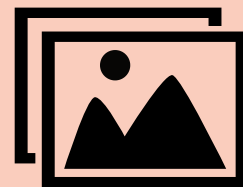
BEFORE PHOTO

STARTS

	WEIGHT	
	MUSCLE	
	BODY FAT	
	BMI	

MEASUREMENTS

	CHEST	
	BICEPS	
	HIPS	
	CALVES	
	WAIST	
	THIGHS	



AFTER PHOTO

[illegible]