



SELF-CARE WORKBOOK



EDVANTAGE CONSULTANTS



SELF-CARE

INTENSIONS

DAILY AFFIRMATIONS

TODAY I AM GRATEFUL FOR

TODAY'S TOP GOALS

01

02


03

SCHEDULE

WATER



SLEEP



MOOD



NOTES



FILLABLE

CHECKLIST

FILL IN THE CHECKLIST SPACES BELOW WITH SELF-CARE ACTIVITIES THAT YOU CAN DO IN THE MORNING AND AT NIGHT.

MORNING SELF-CARE

<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"/>	_____

NIGHT SELF-CARE

<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"/>	_____



MULTIPLE SECTION

CHECKLIST

MAKE YOUR WAY THROUGH EACH SECTION, AND TICK THE CHECKBOX FOR EACH STATEMENT ONCE THE TASK HAS BEEN COMPLETED.

SECTION ONE

-
-
-
-
-

SECTION TWO

-
-
-
-
-

SECTION THREE

-
-
-
-
-

SECTION FOUR

-
-
-
-
-



SMART GOALS

WHEN SETTING GOALS, MAKE SURE IT FOLLOWS THE SMART STRUCTURE. USE THE QUESTIONS BELOW TO CREATE YOUR GOALS.

S	<p><u>SPECIFIC</u></p> <p>WHAT DO I WANT TO ACCOMPLISH?</p>	
M	<p><u>MEASURABLE</u></p> <p>HOW WILL I KNOW WHEN IT IS ACCOMPLISHED?</p>	
A	<p><u>ACHIEVABLE</u></p> <p>HOW CAN THE GOAL BE ACCOMPLISHED?</p>	
R	<p><u>RELEVANT</u></p> <p>DOES THIS SEEM WORTHWHILE?</p>	
T	<p><u>TIME BOUND</u></p> <p>WHEN CAN I ACCOMPLISH THIS GOAL?</p>	

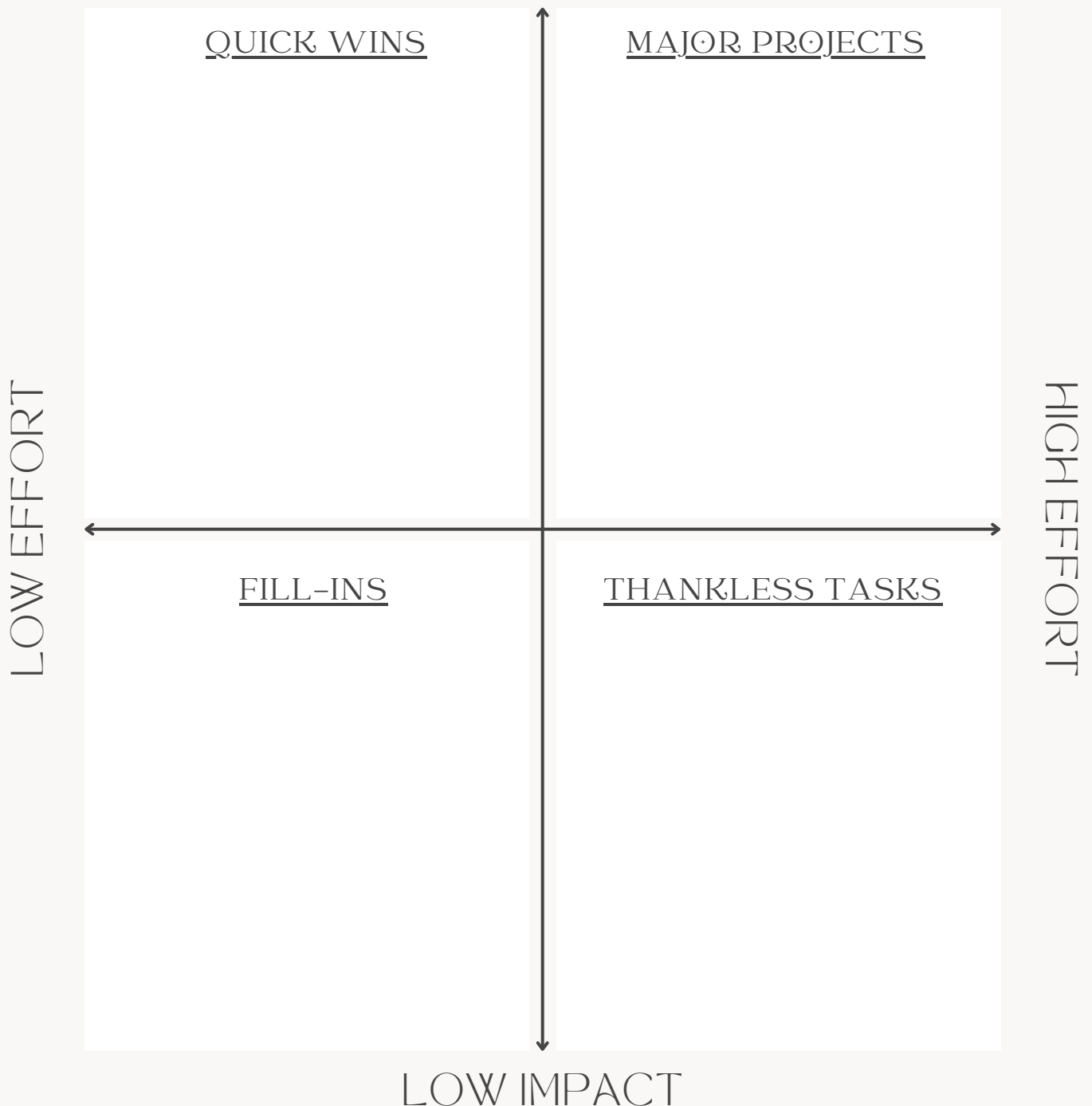


ACTION PRIORITY

MATRIX

THE ACTION PRIORITY MATRIX IS A GREAT WAY TO VISUALISE WHAT TASKS TAKE PRIORITY OVER OTHERS, AND HOW TO BEST ALLOCATE YOUR TIME TOWARDS THEM.

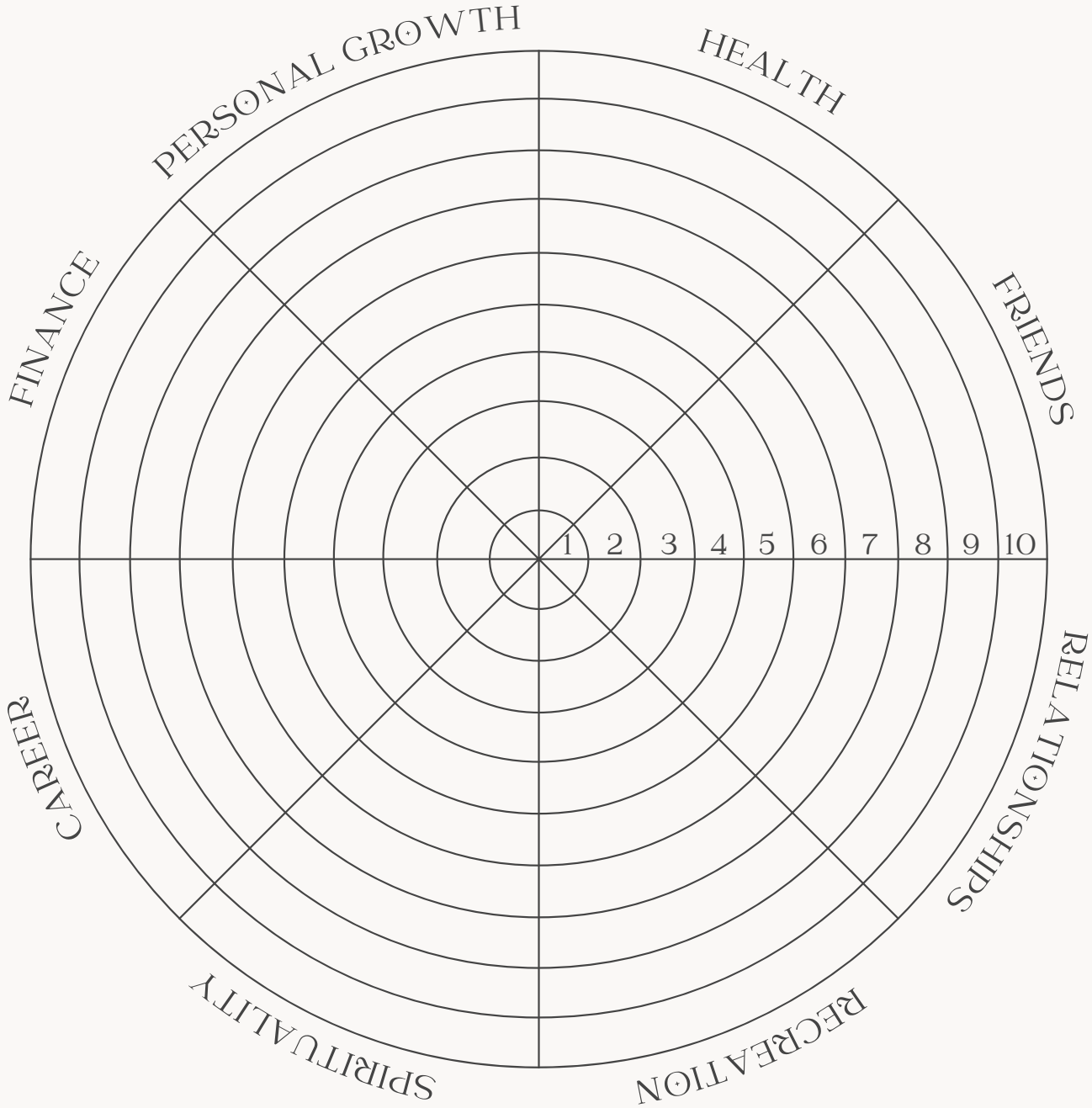
HIGH IMPACT



WHEEL OF

LIFE

THE WHEEL OF LIFE IS A GREAT TOOL THAT HELPS YOU BETTER UNDERSTAND WHAT YOU CAN DO TO MAKE YOUR LIFE MORE BALANCED. THINK ABOUT THE 8 LIFE CATEGORIES BELOW, AND RATE THEM FROM 1 - 10.



7 DAY

HABIT TRACKER

KEEPING TRACK OF YOUR HABITS CAN HELP YOU STAY ON TRACK AND ACHIEVE YOUR GOALS. FILL OUT YOUR TOP 12 GOALS AND MARK THEM OFF EACH DAY YOU SUCCESSFULLY COMPLETE THEM.

WEEK OF: _____

HABIT / SELF-CARE STEP

	S	M	T	W	T	F	S
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFLECTION NOTES



LIFE GOALS

FOR EACH OF THE CATEGORIES BELOW, WRITE DOWN THINGS YOU ARE DOING WELL AND WHERE YOU NEED IMPROVEMENT. TAKE THE TIME TO REFLECT ON THESE, AND WRITE A GOAL FOR EACH CATEGORY.

CATEGORY	WHAT I'M DOING WELL	WHERE I NEED IMPROVEMENT	MY GOALS
<i>FAMILY</i>			
<i>FRIENDS</i>			
<i>WORK/ SCHOOL</i>			
<i>BODY</i>			
<i>MENTAL HEALTH</i>			
<i>SPIRITUALITY</i>			



WEEKLY GOALS
TRACKER

WEEK OF: _____

	MY GOALS	MY FEELINGS	DONE
MON			<input type="checkbox"/>
TUE			<input type="checkbox"/>
WED			<input type="checkbox"/>
THU			<input type="checkbox"/>
FRI			<input type="checkbox"/>
SAT			<input type="checkbox"/>
SUN			<input type="checkbox"/>



UNDERSTANDING

GOALS

ACHIEVING OUR GOALS IS DEPENDENT ON WHETHER WE TAKE ACTION.
USE THE TABLE BELOW TO UNDERSTAND THE "WHY" OF YOUR GOALS.

GOAL:

WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



AND WHAT WILL THIS GIVE YOU?



SO, WHY IS THIS GOAL IMPORTANT?



Self-reflection Questions

What is your first memory?

What are you most proud of?

What is something I have overcome?

What was the best present you've ever received?

What's your favorite memory?

Are you happy?

What challenges are you currently facing?

Do you feel content with life?

What's your first thought when you wake up?

What's your first thought when you wake up?

Do you enjoy your life?

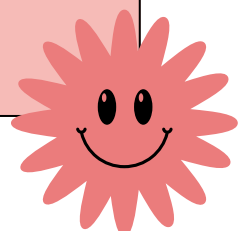


SELF-CARE CHALLENGE CHECKLIST

Task Activity	S	M	T	W	T	F	S
Take a nature walk and reflect on your thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice mindfulness meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cook a healthy meal or try a new recipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a break from technology and engage in an enjoyable activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage in a creative activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice gratitude by reflecting on positive aspects of your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

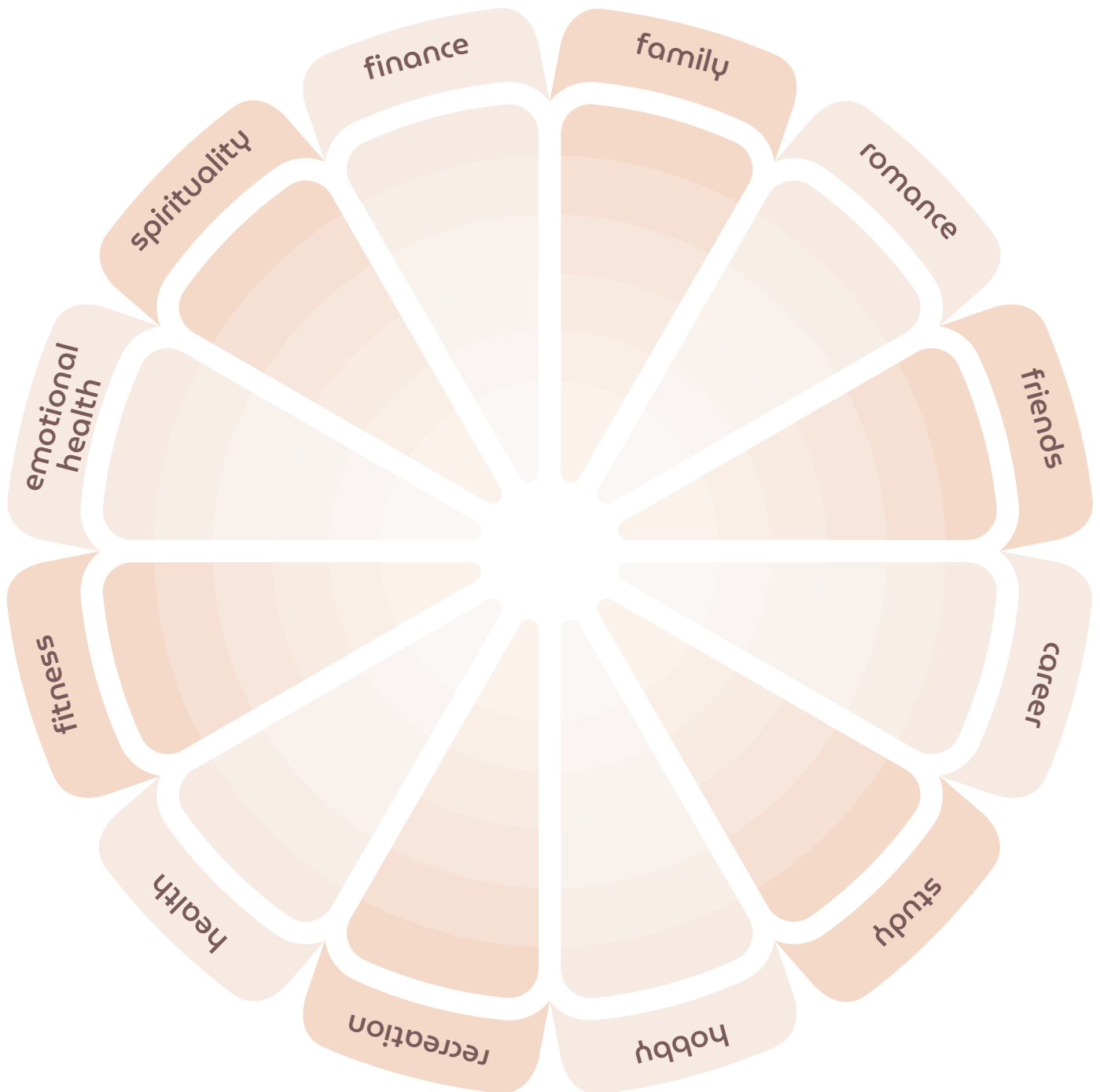
Notes

My Goals



wheel of life

date



assess how satisfied you are with your life in each area

trigger tracker

date

time

reason

symptoms

date

time

reason

symptoms

date

time

reason

symptoms

GRATITUDE JOURNAL

DATE: _____

S M T W T F S

TODAY I'M GRATEFUL FOR

- _____
- _____
- _____

WATER INTAKE

  
1L 2L 3L

WEATHER



NOTES / REMINDERS

TODAY'S AFFIRMATION

- _____
- _____
- _____
- _____

SOMETHING I'M PROUD OF

- _____
- _____
- _____
- _____

TOMORROW I LOOK FORWARD TO

- _____
- _____
- _____
- _____

MEDITATION

4-WEEKS CHALLENGE

1

2

MEDITATION IS A TOOL FOR IMPROVING THE QUALITY OF LIFE AND ACHIEVING PERSONAL HARMONY

3

MEDITATION IS THE KEY TO UNLOCKING INNER PEACE AND HARMONY

4

KEEP MOVING, DON'T STOP

30-DAY SELF-CARE

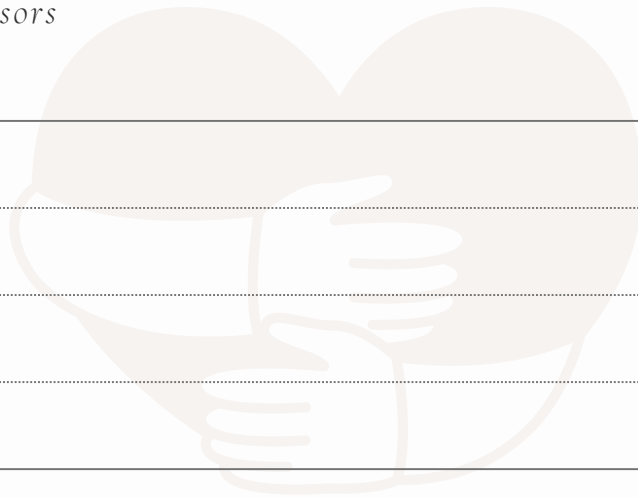
Challenge

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Go on a Leisurely Walk Alone	Declutter 10 Items	Create a Vision Board	Be Good to Someone You Love	Start a New Inspiring Book
DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
Get a Massage	Detox From Social Media	Do a Random Act of Kindness	Hydrate with 8 glasses of water	Commit to a Day of Eating Healthy
DAY 11	DAY 12	DAY 13	DAY 14	DAY 15
Try Something New	Find a Quiet Spot and Read	Get an Extra Hour of Sleep	Create a Fitness Goal	Meditate for 10 Minutes
DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
Create a Morning Routine	Unplug for 12 hours	Do something spontaneous	Skip the Added Sugar	Write 3 Intentions for Yourself
DAY 21	DAY 22	DAY 23	DAY 24	DAY 25
Create a Bedtime Routine	Start Your Day With Gratitude	Identify Three Stressors	Send a "Thank You" Note	Engage in Self-Reflection
DAY 26	DAY 27	DAY 28	DAY 29	DAY 30
Take a personal day	Call a friend	Give Yourself a Daily Facial	Watch sunset or sunrise	Make a Wish

JOURNALING PAGE

Write 3 Intentions for Yourself

Identify Three Stressors



Make a Wish

Letters to Myself

A LETTER TO MY YOUNGER SELF:

A LETTER TO MY CURRENT SELF:

A LETTER TO MY FUTURE SELF:

mood Tracker



A collection of 31 light beige circles, each with a small dark beige circle containing a number from 1 to 31. The circles are arranged in a roughly circular pattern, intended for tracking mood over time.