

*The Ultimate*  
SELF-CARE



PLANNERS  
COLLECTION

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# SMART *Self-Care Goals*



*What is your goal?*

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*How will you measure the success of your goal?*

---

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*What steps are you going to take?*

---

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*What makes this goal worth working for?*

---

---



*When is the deadline?*

---

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# SMART *Self-Care Goals*



*What is your goal?*

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*How will you measure the success of your goal?*

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*What makes this goal worth working for?*

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---



*When is the deadline?*

---

---

# SMART *Self-Care Goals*

S

Make it  
specific

*What is your goal?*

---

---

M

Make it  
measurable

*How will you measure the success of your goal?*

---

---

A

Make it  
attainable

*What steps are you going to take?*

---

---

R

Make it  
relevant

*What makes this goal worth working for?*

---

---

T

Make it  
timely

*When is the deadline?*

---

---

# SMART *Self-Care Goals*



*What is your goal?*

---

---



*How will you measure the success of your goal?*

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*When is the deadline?*

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# SMART *Self-Care Goals*

S

Make it  
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Make it  
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*What makes this goal worth working for?*

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T

Make it  
timely

*When is the deadline?*

---

---



# SMART *Self-Care Goals*



*What is your goal?*

---

---



*How will you measure the success of your goal?*

---

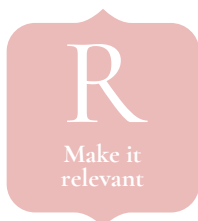
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*What steps are you going to take?*

---

---



*What makes this goal worth working for?*

---

---



*When is the deadline?*

---

---

# SMART *Self-Care Goals*



*What is your goal?*

---

---



*How will you measure the success of your goal?*

---

---



*What steps are you going to take?*

---

---



*What makes this goal worth working for?*

---

---



*When is the deadline?*

---

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# Self-Care Planner

## GOAL PLANNING WORKSHEET

## WHAT IS YOUR GOAL?

### 3 ACTION STEPS

# 01

## 02

### 03

## NOTES

[illegible]

# Self-Care Planner

## GOAL PLANNING WORKSHEET

WHAT IS YOUR SELF-CARE GOAL?

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---

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ACTION STEPS

01 

---

02 

---

03 

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START DATE:

DEADLINE:

MARK COMPLETE:

# Self-Care Planner

## GOAL PLANNING WORKSHEET

WHAT IS YOUR GOAL?

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WHY IS IMPORTANT?

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RESOURCES

☐

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☐

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☐

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☐

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☐

3 ACTION STEPS

01 

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02 

---

03 

---

START DATE:

DEADLINE:

MARK COMPLETE:

# Self-Care Planner

## GOAL PLANNING WORKSHEET

WHAT IS YOUR GOAL?

---

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---

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---

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DEADLINE:

3 ACTION STEPS

01 \_\_\_\_\_

02 \_\_\_\_\_

03 \_\_\_\_\_

WHAT IS YOUR GOAL?

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---

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---

---

---

DEADLINE:

3 ACTION STEPS

01 \_\_\_\_\_

02 \_\_\_\_\_

03 \_\_\_\_\_

# Self-Care Planner

## GOAL PLANNING WORKSHEET

WHAT IS YOUR SELF-CARE GOAL?

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---

---

ACTION STEPS

01 

---

02 

---

03 

---

START DATE:

DEADLINE:

MARK COMPLETE:



# Self-Care Planner

## GOAL PLANNING WORKSHEET

## WHAT IS YOUR GOAL?

### 3 ACTION STEPS

# 01

## 02

### 03

## NOTES

*NOTES*

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# Self-Care Planner

## GOAL PLANNING WORKSHEET

## WHAT IS YOUR GOAL?

### 3 ACTION STEPS

# 01

## 02

### 03

## NOTES

## NOTES

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---

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---

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# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am \_\_\_\_\_ ☐

9am \_\_\_\_\_ ☐

10am \_\_\_\_\_ ☐

11am \_\_\_\_\_ ☐

12am \_\_\_\_\_ ☐

1pm \_\_\_\_\_ ☐

2pm \_\_\_\_\_ ☐

3pm \_\_\_\_\_ ☐

4pm \_\_\_\_\_ ☐

5pm \_\_\_\_\_ ☐

## TOP PRIORITIES

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## SELF-CARE FAVORITES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am \_\_\_\_\_ 

9am \_\_\_\_\_ 

10am \_\_\_\_\_ 

11am \_\_\_\_\_ 

12am \_\_\_\_\_ 

1pm \_\_\_\_\_ 

2pm \_\_\_\_\_ 

3pm \_\_\_\_\_ 

4pm \_\_\_\_\_ 

5pm \_\_\_\_\_ 

## TOP PRIORITIES

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## SELF-CARE FAVORITES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am	_____	<input type="checkbox"/>
9am	_____	<input type="checkbox"/>
10am	_____	<input type="checkbox"/>
11am	_____	<input type="checkbox"/>
12am	_____	<input type="checkbox"/>
1pm	_____	<input type="checkbox"/>
2pm	_____	<input type="checkbox"/>
3pm	_____	<input type="checkbox"/>
4pm	_____	<input type="checkbox"/>
5pm	_____	<input type="checkbox"/>
6pm	_____	<input type="checkbox"/>

## TOP PRIORITIES

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____

## SELF-CARE FAVORITES AND NOTES

_____	
_____	
_____	
_____	
_____	

# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am \_\_\_\_\_ ■

9am \_\_\_\_\_ ■

10am \_\_\_\_\_ ■

11am \_\_\_\_\_ ■

12am \_\_\_\_\_ ■

1pm \_\_\_\_\_ ■

2pm \_\_\_\_\_ ■

3pm \_\_\_\_\_ ■

4pm \_\_\_\_\_ ■

5pm \_\_\_\_\_ ■

## TOP PRIORITIES

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## SELF-CARE FAVORITES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## NOTES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am	_____	<input type="checkbox"/>
9am	_____	<input type="checkbox"/>
10am	_____	<input type="checkbox"/>
11am	_____	<input type="checkbox"/>
12am	_____	<input type="checkbox"/>
1pm	_____	<input type="checkbox"/>
2pm	_____	<input type="checkbox"/>
3pm	_____	<input type="checkbox"/>
4pm	_____	<input type="checkbox"/>
5pm	_____	<input type="checkbox"/>
6pm	_____	<input type="checkbox"/>

## TOP PRIORITIES

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____

## SELF-CARE FAVORITES AND NOTES

_____	
_____	
_____	
_____	
_____	



# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am \_\_\_\_\_

9am \_\_\_\_\_

10am \_\_\_\_\_

11am \_\_\_\_\_

12am \_\_\_\_\_

1pm \_\_\_\_\_

2pm \_\_\_\_\_

3pm \_\_\_\_\_

4pm \_\_\_\_\_

5pm \_\_\_\_\_

6pm \_\_\_\_\_

## TOP PRIORITIES

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

## SELF-CARE FAVORITES AND NOTES

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# Daily PLANNER

## DAILY SELF-CARE SCHEDULE

8am	_____	<input type="checkbox"/>
9am	_____	<input type="checkbox"/>
10am	_____	<input type="checkbox"/>
11am	_____	<input type="checkbox"/>
12am	_____	<input type="checkbox"/>
1pm	_____	<input type="checkbox"/>
2pm	_____	<input type="checkbox"/>
3pm	_____	<input type="checkbox"/>
4pm	_____	<input type="checkbox"/>
5pm	_____	<input type="checkbox"/>
6pm	_____	<input type="checkbox"/>

## TOP PRIORITIES

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____

## SELF-CARE FAVORITES AND NOTES

_____	
_____	
_____	
_____	
_____	



# Weekly PLANNER

## WEEKLY MONDAY-FRIDAY SELF-CARE SCHEDULE

M

monday

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---

---

T

tuesday

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---

---

W

wednesday

---

---

---

T

thursday

---

---

---

F

friday

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---

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# Weekly PLANNER

## WEEKLY MONDAY-FRIDAY SELF-CARE SCHEDULE

M

monday

---

---

---

T

tuesday

---

---

---

W

wednesday

---

---

---

T

thursday

---

---

---

F

friday

---

---

---

# Weekly PLANNER

## WEEKLY MONDAY-FRIDAY SELF-CARE SCHEDULE

M

monday

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---

---

T

tuesday

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---

W

wednesday

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---

T

thursday

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---

F

friday

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---

# Weekly PLANNER

## WEEKLY MONDAY-FRIDAY SELF-CARE SCHEDULE

M

monday

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---

---

T

tuesday

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---

---

W

wednesday

---

---

---

T

thursday

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---

---

F

friday

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---

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# Weekly PLANNER

WEEKLY SELF-CARE SCHEDULE

THURSDAY

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MONDAY

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FRIDAY

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TUESDAY

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SATURDAY

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---

WEDNESDAY

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SUNDAY

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---

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# Weekly PLANNER

WEEKLY SELF-CARE SCHEDULE

THURSDAY

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---

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MONDAY

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FRIDAY

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TUESDAY

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SATURDAY

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WEDNESDAY

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SUNDAY

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# Weekly PLANNER

WEEKLY SELF-CARE SCHEDULE

MONDAY

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TUESDAY

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WEDNESDAY

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THURSDAY

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FRIDAY

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SATURDAY

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SUNDAY

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# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

1	2	3	4	5	6	7	8	9	10	11	
12	13	14	15	16	17	18	19	20	21	22	
23	24	25	26	27	28	29	30	31			

1	2	3	4	5	6	7	8	9	10	11	
12	13	14	15	16	17	18	19	20	21	22	
23	24	25	26	27	28	29	30	31			

1	2	3	4	5	6	7	8	9	10	11	
12	13	14	15	16	17	18	19	20	21	22	
23	24	25	26	27	28	29	30	31			

1 2 3 4 5 6 7 8 9 10 11

12 13 14 15 16 17 18 19 20 21 22

23 24 25 26 27 28 29 30 31

# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

The diagram illustrates the structure of the 31 activities. On the left, a large rectangle is labeled *ACTIVITY*. To its right, 31 circles are arranged in a grid-like pattern, numbered 1 through 31. The circles are organized into three rows: the first row contains circles 1-11, the second row contains circles 12-22, and the third row contains circles 23-31. The circle corresponding to activity 28 is absent from the grid.

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27		29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

ACTIVITY

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27		29	30	31		

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		

ACTIVITY	1	2	3	4	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	19	20	21	22
	23	24	25	26	27	28	29	30	31		



# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

MONTH OF:

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27		29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

ACTIVITY

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31		

# Activities PLANNER

## SELF-CARE ACTIVITIES PLANNER

ACTIVITY	MON	TUE	WED	THU	FRI	SAT	SUN
	<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"/>
	<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"/>
	<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"/>
	<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"/>
	<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"/>

WEEK OF: