SELF CARE
Planner

WEEKLY BEAUTY ROUTINE

	FACE	BODY	HAIR
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

SKINCARE ROUTINE

Once a week

Twice a week

Three times a week

Four times a week

Five times a week

SKINCARE HABIT TRACKER

MONTH: ____________________

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

Habit:		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	
Goal:		Done:								Reward:							

SKINCARE APPOINTMENTS

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

SKINCARE GOALS

Current Situation	Solutions

Goals	Notes

SKIN JOURNEY

MONTH:

Skin Evolution	1	2	3	4	5	6	7	8	9	10
DRY ♥										OILY ♥

HOW I FEEL ABOUT MY SKIN

HOW I WOULD LIKE MY SKIN TO BE

SOLUTIONS

MY MORNING SKIN ROUTINE

- ♥
- ♥
- ♥
- ♥
- ♥
- ♥
- ♥
- ♥

MY NIGHT SKIN ROUTINE

- ♥
- ♥
- ♥
- ♥
- ♥
- ♥
- ♥
- ♥

MY FAVORITE PRODUCTS

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

SKINCARE WISHLIST

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

SKINCARE TRACKER

MONTH		WEEK	

MORNING ROUTINE

M	T	W	T	F	S	S

EVENING ROUTINE

M	T	W	T	F	S	S

PRODUCT REVIEWS

Product Brand		Date Bought		Price	

Opinion

Similar Products

BUY AGAIN	YES	NO
RECOMMEND	YES	NO

Opinion

Similar Products

BUY AGAIN	YES	NO
RECOMMEND	YES	NO

Opinion

Similar Products

BUY AGAIN	YES	NO
RECOMMEND	YES	NO

MAKE UP APPOINTMENTS

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

Appointment	Place	Aprox. time	Cost
	Date: Time:	Beauty Professional:	Phone number: Website:

MAKE UP WISHLIST

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

MAKE UP PRODUCTS

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

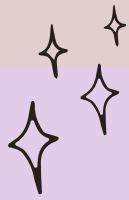
Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

DIY BEAUTY PRODUCT

PRODUCT: _____

Ingredients	Instructions

How to Use	Benefits



BEAUTY FACE MASK

Mask:			Benefits:
Source:			
Apply:		Leave On:	
Week:		Min:	
Ingredients:			

Mask:			Benefits:
Source:			
Apply:		Leave On:	
Week:		Min:	
Ingredients:			

Mask:			Benefits:
Source:			
Apply:		Leave On:	
Week:		Min:	
Ingredients:			

HAIR CARE APPOINTMENTS

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

Appointment	Place	Aprox. time	Cost
	Date:	Beauty Professional:	Phone number:
	Time:		Website:

HAIR CARE ROUTINES

Once a week

Twice a week

Three times a week

Four times a week

Five times a week

HAIR CARE GOALS

Current Situation	Solutions

Goals	Notes

HAIR CARE TRACKER

Month		Week	

My Week Routine

M	T	W	T	F	S	S

My Morning Routine

M	T	W	T	F	S	S

My Evening Routine

M	T	W	T	F	S	S

HAIR CARE PRODUCTS

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

PRODUCTS TO TRY

PRODUCT NAME	STORE	PRICE

BODY CARE WISHLIST

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

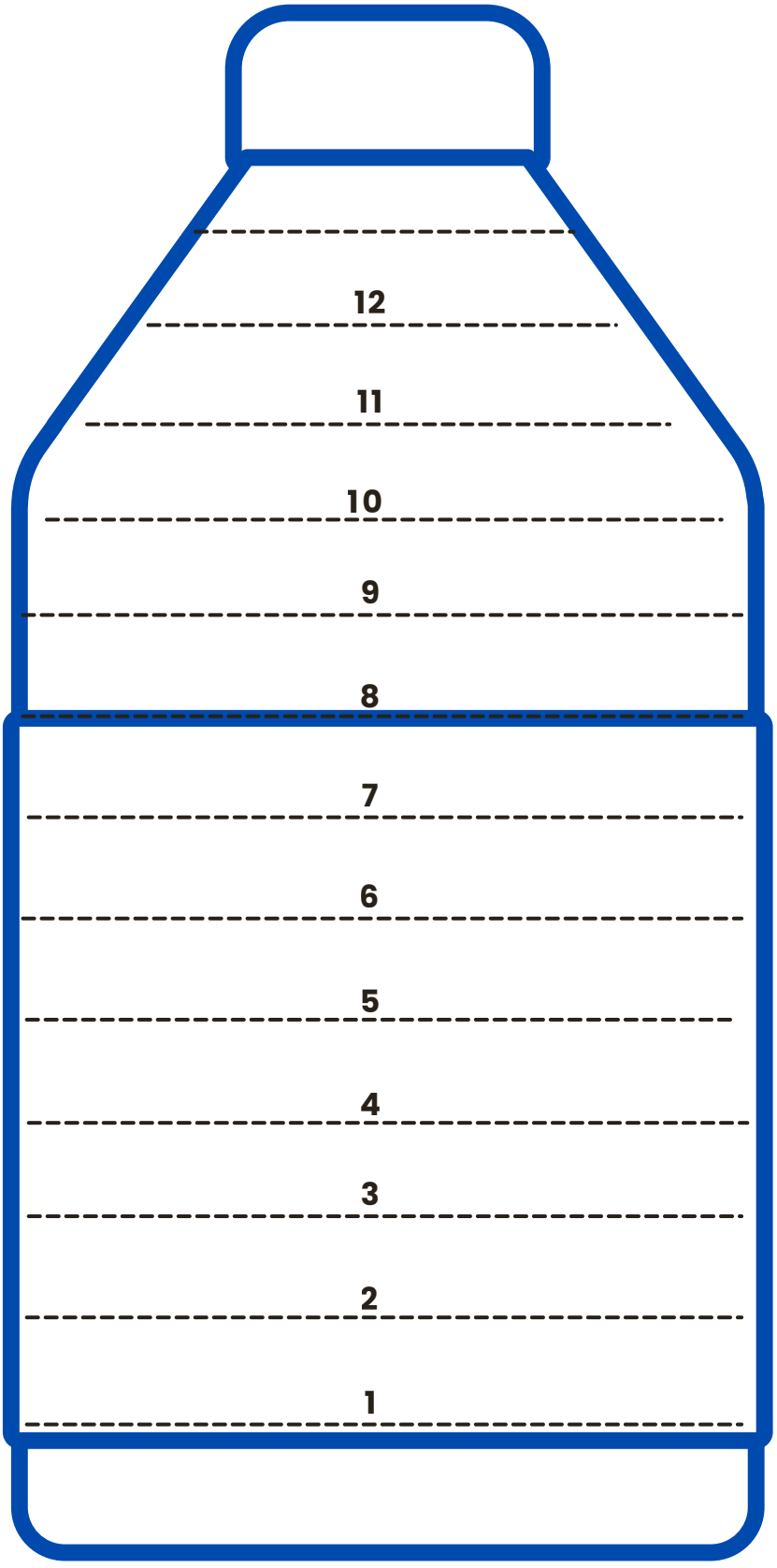
ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

WATER TRACKER



SLEEP TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
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26												
27												
28												
29												
30												
31												

- ☐ Peacefull
- ☐ Dream
- ☐ Restless
- ☐ Passed Out
- ☐ No Sleep

Notes

PERIOD TRACKER

MONTH _____

KEY: ◯ HEAVY ◯ NORMAL ◯ LIGHT ◯ SPOTTING

JANUARY

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 38 29 30 31

FEBRUARY

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 38 29 30 31

MARCH

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 38 29 30 31

APRIL

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 38 29 30 31

MAY

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 38 29 30 31

JUNE

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 38 29 30 31

JULY

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 38 29 30 31

AUGUST

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 38 29 30 31

SEPTEMBER

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 38 29 30 31

OCTOBER

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 38 29 30 31

NOVEMBER

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 38 29 30 31

DECEMBER

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 38 29 30 31

BODY CARE FAV PRODUCTS

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

Item:		Purchase Date:		PRICE
Brand:		Expiration Date:		

PRODUCT REVIEWS

PRODUCT / BRAND	PRICE & DATE BOUGHT
INGREDIENTS	**REVIEW**
RECOMMENDATIONS: BUY AGAIN?	YES / NO

PRODUCT / BRAND	PRICE & DATE BOUGHT
INGREDIENTS	**REVIEW**
RECOMMENDATIONS: BUY AGAIN?	YES / NO

PRODUCT / BRAND	PRICE & DATE BOUGHT
INGREDIENTS	**REVIEW**
RECOMMENDATIONS: BUY AGAIN?	YES / NO

TOP PRODUCTS

NOTES	TOP FACE CREAMS
	☆ _____ ☆ _____ ☆ _____ ☆ _____ ☆ _____

NOTES	TOP FACE CREAMS
	☆ _____ ☆ _____ ☆ _____ ☆ _____ ☆ _____

NOTES	TOP FACE CREAMS
	☆ _____ ☆ _____ ☆ _____ ☆ _____ ☆ _____

BEAUTY CARE CONTACT LIST

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

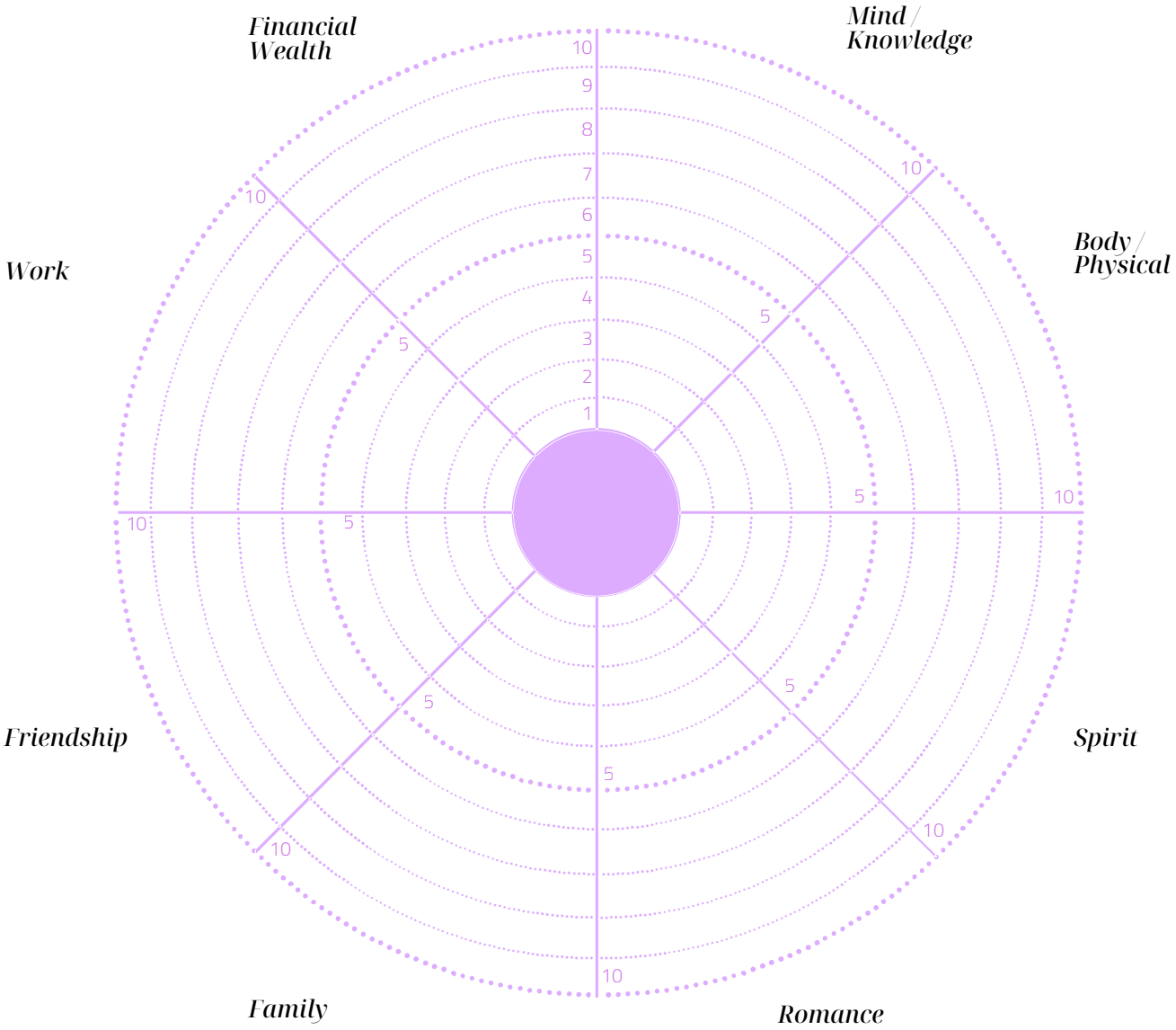
NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

LIFE BALANCE

MONTH _____



NOTES

SELF CARE PLAN

GOALS FOR MY MIND AND SOUL

- ☆ _____
- ☆ _____
- ☆ _____

GOALS FOR MY BODY

- ☆ _____
- ☆ _____
- ☆ _____

GOOD RULES AND HABITS I WANT TO LIVE BY

- ☆ _____
- ☆ _____
- ☆ _____

NOTES

BODY, MIND, SOUL

BODY	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

MIND	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

SOUL	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

SOUL STUFF

LETTER

MY BEST FRIENDS ARE

MY FAVOURITE SONGS

MY FAVOURITE TV SHOW

MY FAVOURITE BOOK

MY FEARS

BUCKET LIST

BUCKET LIST FOR

DAILY JOURNAL

TODAY'S FOCUS	HOURS SLEPT

TO DO

- ♥
- ♥
- ♥

SELF CARE CHECKLIST

- ♥
- ♥
- ♥

MY SCHEDULE

MEAL PLAN

BREAKFAST _____

LUNCH _____

DINNER _____

SNACK/DESSERT

MY NOTES AND THOUGHTS

WEEKLY JOURNAL

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

GOAL

1

2

3

TO DO LIST

NOTES

MEDITATION

MY MEDITATION GOAL
1
2
3

DATE	MY MEDITATION EXERCISE	TOTAL TIME

AFFIRMATIONS

In this part you'll write down positive affirmations that will have a positive impact on the aspects of your life you're trying to improve. A few important points: First, always write your affirmations in present tense using "I " pronoun. Second, use affirmative & postive words (avoid can't, won't, will not etc). For example "I'm full on energy and always take action", instead of "I'm not lazy". Third, it's important to build a habit of using these affirmations when you're doing the opposite of what you know you should be doing.

Relationships

ex. "I'm loving and giving in my relationships". "I'm in control of the people I let in my life"

Finance

ex. "I'm capable of creating my dream financial life through hard work and dedication"

Career

ex. "I'm always striving to develop myself professionally"

Health/Fitness

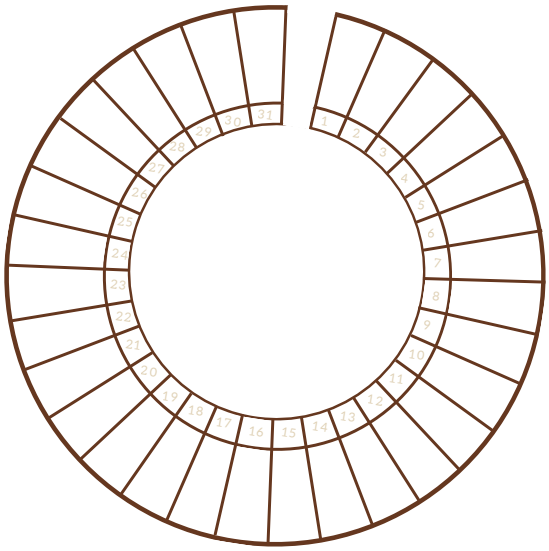
ex. "I'm in control of my physical fitness"

Love

ex. "I have people who love me"

MOOD TRACKER

MONTH _____



NEUTRAL	TIRED	STRESSED	
GRUMPY	SICK	SAD	
RELAXED	HAPPY	ANGRY	

YEAR IN COLOR

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
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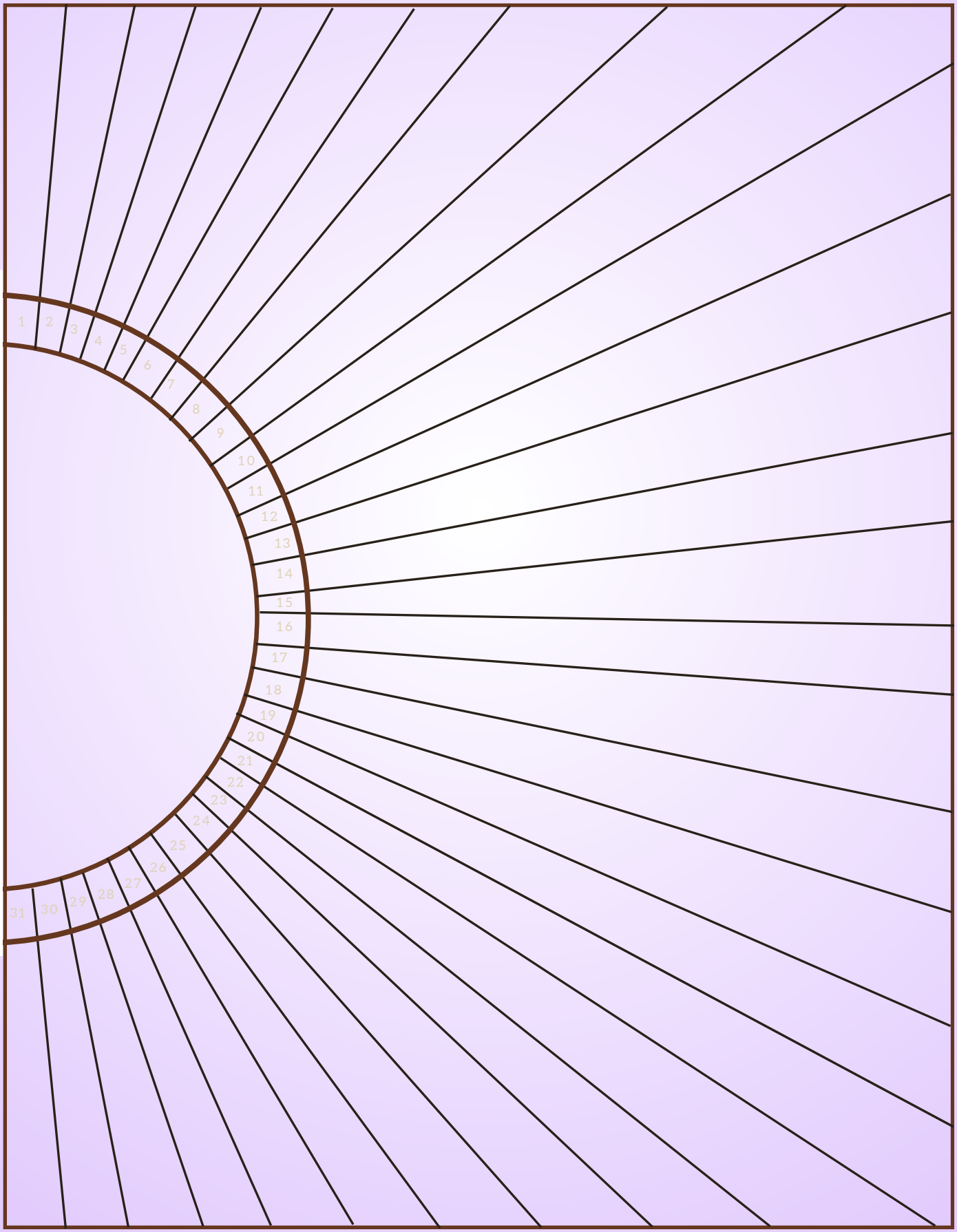
31												

KINDNESS TRACKER

MONTH _____



YOGA LOG

TODAY'S DATE	MUSIC

POSITION/S	TIME	DONE
		◯
		◯
		◯
		◯
		◯
		◯

GOAL/S FOR TODAY'S YOGA SESSION

SELF CARE CALENDAR

Sun	Mon	Tue	Wed	Thu	Fri	Sat

MY RESOURCES

Books	Author

Podcasts	Topic

Motivation Speakers	Topic

Websites	Topic

FEEL GOOD TRACKER

GOALS:

MONTH _____

WATER	FRESH AIR	MOVEMENT	QUIET TIME	FRUITS	VEGGIES

WEEK 1	MON	TUE	WED	THU	FRI	SAT	SUN
WATER	○	○	○	○	○	○	○
FRESH AIR	○	○	○	○	○	○	○
MOVEMENT	○	○	○	○	○	○	○
QUIET TIME	○	○	○	○	○	○	○
FRUITS	○	○	○	○	○	○	○
VEGGIES	○	○	○	○	○	○	○

WEEK 2	MON	TUE	WED	THU	FRI	SAT	SUN
WATER	○	○	○	○	○	○	○
FRESH AIR	○	○	○	○	○	○	○
MOVEMENT	○	○	○	○	○	○	○
QUIET TIME	○	○	○	○	○	○	○
FRUITS	○	○	○	○	○	○	○
VEGGIES	○	○	○	○	○	○	○

WEEK 3	MON	TUE	WED	THU	FRI	SAT	SUN
WATER	○	○	○	○	○	○	○
FRESH AIR	○	○	○	○	○	○	○
MOVEMENT	○	○	○	○	○	○	○
QUIET TIME	○	○	○	○	○	○	○
FRUITS	○	○	○	○	○	○	○
VEGGIES	○	○	○	○	○	○	○

WEEK 4	MON	TUE	WED	THU	FRI	SAT	SUN
WATER	○	○	○	○	○	○	○
FRESH AIR	○	○	○	○	○	○	○
MOVEMENT	○	○	○	○	○	○	○
QUIET TIME	○	○	○	○	○	○	○
FRUITS	○	○	○	○	○	○	○
VEGGIES	○	○	○	○	○	○	○

ROUTINE TRACKER

DATE _____

FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

MEDICATION TRACKER

Description	Dosage
I take it for	Start Dates

Date	Weekday	Breakfast	Lunch	Dinner	Notes

VITAMINS & MEDICATIONS

MEDICATION:
FREQUENCY:
DOSE:
TIME:
DATE:

MEDICATION:
FREQUENCY:
DOSE:
TIME:
DATE:

MEDICATION:
FREQUENCY:
DOSE:
TIME:
DATE:

MEDICATION:
FREQUENCY:
DOSE:
TIME:
DATE:

NOTES

DOODLE PAGE