

Physical

N E E D

SLEEP : hours

Health Care

**Annual Check-ups for
vision, dental, and health.
Refill prescriptions**

Nutrition

Breakfast

Health Concern

Lunch

Doctor's Notes

Dinner

Mental & Emotional

N E E D S

Counseling

Stress Reduction

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

Take a Break

Day :

Time :

Activity :

Happy

SCHEDULE

Mindful Awareness

PERSONAL TIME THIS DAY

Morning Routine

- Wake up on time**
- Stay away from social media**
- Record positive affirmation**
- Exercise**
- Shower**
- Eat a nutritious breakfast**

Affirmation

TODAY'S GOALS



Yoga Preparation

C H E C K L I S T

Class Name :

Address/Phone :

Practice Schedule :

- Take a shower before class**
- Skip the perfumes/cologne**
- Skip the scented lotion**
- Avoid eating before class**
- Leave my shoes at the door**
- Sign in and pay before class**
- Stay calm**
- Practice seriously**

GOALS

Appointment



Dear

JOURNAL

Date :

Today's Mood



I FEEL SO