

# Physical

## N E E D S

**SLEEP :**  1  2  3  4  5  6  7  8 hours

### Health Care

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

 1 2 3 4

### 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**
- Limit use of 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 .....