



*YOUR COMPLETE LIFE*

# PLANNER


INCLUDING GOAL TRACKERS, PLANNERS & MORE TO  
HELP YOU IDENTIFY AND WORK ON YOU, SO YOU  
CAN BECOME YOUR BEST VERSION

## GET STARTED



# WHAT'S IMPORTANT?

RANK THE TOP 10 MOST IMPORTANT THINGS IN YOUR LIFE AND ESTIMATE HOW MUCH TIME YOU SPEND ON THEM WEEKLY.

	IMPORTANT THING IN YOUR LIFE	
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		

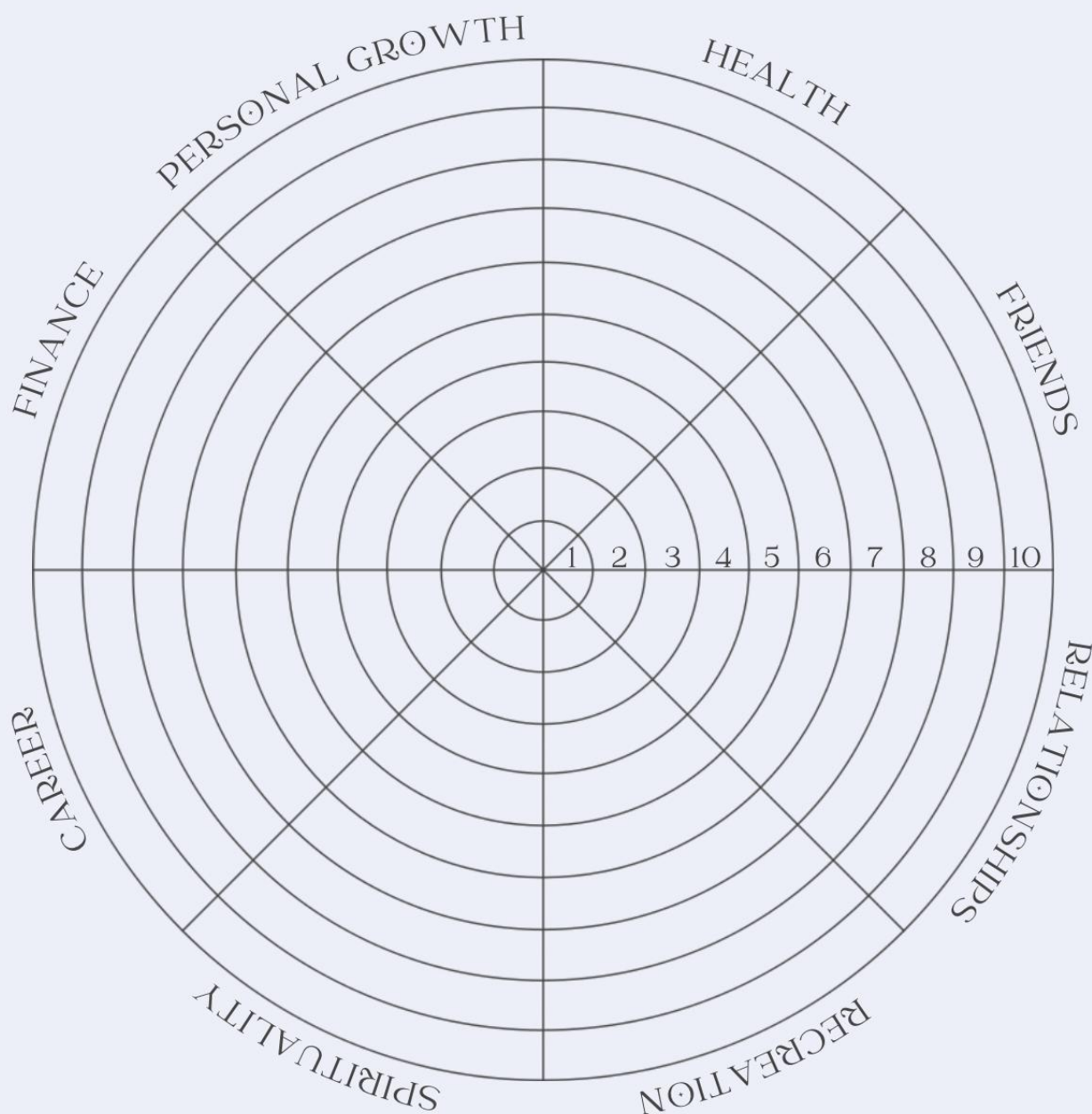
REFLECTION NOTES

---

---

# 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.



# *DAILY* PLANNER

START YOUR DAY OFF RIGHT BY FILLING OUT YOUR DAILY SCHEDULE,  
TO-DO'S AND ANY EXTRA NOTES YOU NEED TO REMEMBER!

## SCHEDULE

---

05:00

---

06:00

---

07:00

---

08:00

---

09:00

---

10:00

---

11:00

---

12:00

---

13:00

---

14:00

---

15:00

---

16:00

---

17:00

---

18:00

---

19:00

---

20:00

---

21:00

---

22:00

---

## TO-DO

---

☐

---

☐

---

☐

---

☐

---

☐

---

☐

---

☐

---

☐






---

## NOTES

# WEEKLY MOOD DIARY

RECOGNISING LINKS BETWEEN YOUR MOOD AND YOUR ENVIRONMENT, MAY ALLOW YOU TO BECOME MORE SELF-AWARE. AT THE END OF EACH DAY, FILL OUT THE CHART WITH THE MOOD YOU FELT MOST OF THAT DAY.

WEEK OF: \_\_\_\_\_

					
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

REFLECTION NOTES

---



---

# *WORKBOOK* 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"/>	

# *DECISION MAKING*

# WORKSHEET

FOLLOW THE PROMPTS BELOW TO BRAINSTORM SOLUTIONS TO A DECISION YOU ARE FACING. CHOOSE THE BEST SOLUTION BASED ON YOUR ANSWERS.

WHAT DECISION ARE YOU TRYING TO MAKE?

	ADVANTAGES	DISADVANTAGES	CONSEQUENCES
SOLUTION 1			
SOLUTION 2			
SOLUTION 3			

THE SOLUTION I CHOSE AND WHY

---

---

---

**MONTHLY**

# PLANNER

MONTH: \_\_\_\_\_

FILL OUT EACH DAY WITH ANY IMPORTANT PLANS OR APPOINTMENTS,  
AS WELL AS ANY EXTRA NOTES OR GOALS YOU HAVE FOR THE MONTH.

NOTES

GOALS

MON

TUE

WED

THU

FRI

SAT

SUN


# *ACTION* BRAINSTORMING

ACTION BRAINSTORMING CAN HELP IDENTIFY WHAT THINGS ARE  
HELPING OR STOPPING YOU FROM ACHIEVING YOUR GOALS.

MY  
GOAL:

STOP  
DOING

DO  
LESS OF

KEEP  
DOING

DO  
MORE  
OF

START  
DOING

# *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?

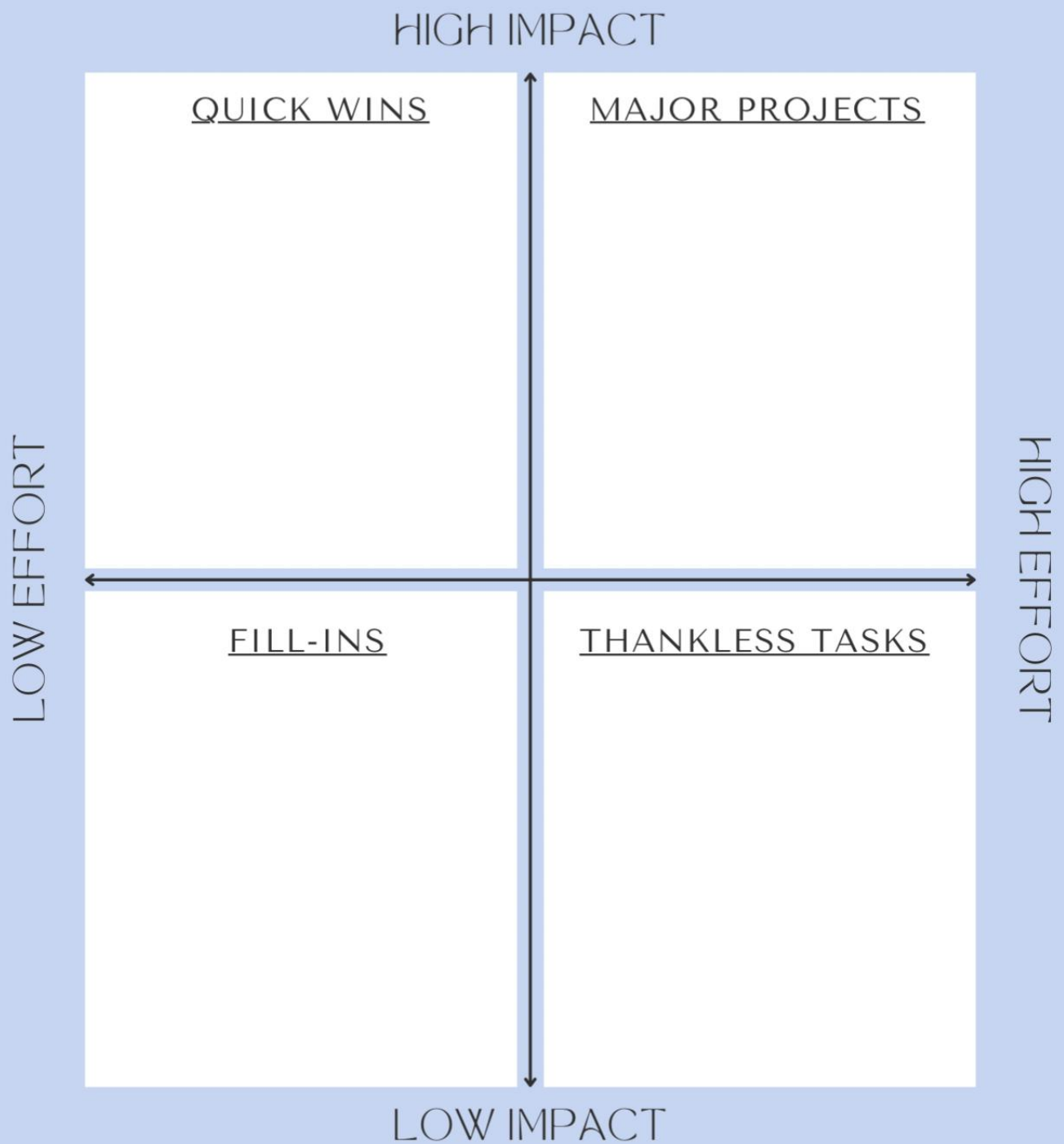


SO, WHY IS THIS GOAL IMPORTANT?

## *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.



# *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>			

# *SMART* GOALS

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

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

# *SWOT* ANALYSIS

A SWOT ANALYSIS IS A SIMPLE TECHNIQUE TO IDENTIFY YOUR STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS. FILL OUT THE BOXES BELOW TO FIND OUT YOURS!

## STRENGTHS

S

## WEAKNESSES

W

## OPPORTUNITIES

O

## THREATS

T

# *SELF-CARE* PLANNER

PRIORITISING SELF-CARE IS A VERY IMPORTANT STEP IN LIVING A BALANCED AND STRESS-FREE LIFE. FILL OUT THE BOXES BELOW DURING THE WEEK TO GIVE YOURSELF TIME TO REFLECT.

I'M GRATEFUL FOR

EXERCISE AND NUTRITION

MY BIGGEST SELF-CARE GOAL THIS WEEK

HABITS

01

02

03

04

05

05

S	M	T	W	T	F	S
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# *SELF-AWARENESS* ASSESSMENT

READ THE PROMPTS BELOW AND THINK ABOUT THE FIRST THING THAT COMES TO MIND. FILL YOUR ANSWERS OUT IN THE BLANK BOXES.

I AM A HUMAN BEING THAT...

LOVES	
WANTS TO	
IS DRIVEN BY	
IS INSPIRED BY	
HAS A HABIT OF	
IS HAPPIEST WHEN	
BELIEVES IN	
WOULD GIVE	
WILL ONE DAY	
HAS THE GOAL OF	
WHO NOTICES	
IS AFRAID OF	

# *WEEKLY* PLANNER

FILL OUT EACH DAY WITH ANY IMPORTANT PLANS OR APPOINTMENTS, AS WELL AS ANY TASKS YOU NEED TO GET DONE OVER THE WEEK IN THE "TO-DO" SECTION!

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY / SUNDAY

TO-DO

☐☐☐☐☐☐☐☐☐☐

NOTES



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

01

02

03

04

05

06

07

08

09

10

11

12

(S)

(M)

(T)

(W)

(T)

(F)

(S)

☐☐

REFLECTION NOTES

---

---

# *PERSONAL* TIMELINE



## WEEK 1

.....

.....

.....

.....

.....



## WEEK 2

.....

.....

.....

.....

.....



## WEEK 3

.....

.....

.....

.....

.....



## WEEK 4

.....

.....

.....

.....

.....



## WEEK 5

.....

.....

.....

.....

.....

# PERSONAL REFLECTION

BAD HABITS I NEED TO STOP

---

---

---

---

---

---

THINGS I REGRETTED NOT DOING

---

---

---

---

---

---

THINGS I LEARNED THIS MONTH

---

---

---

---

---

---

HOW TO BE A BETTER VERSION OF ME

---

---

---

---

---

---



