



Planner

SELF CARE

WEEKLY BEAUTY ROUTINE

	FACE	BODY	HAIR
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

SKINCARE ROUTINE

Once a week

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Twice a week

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Three times a week

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Four times a week

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Five times a week

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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:	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:

SKINCARE GOALS

Current Situation	Solutions

Goals	Notes

SKIN JOURNEY

MONTH:

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



OILY



HOW I FEEL ABOUT MY SKIN	HOW I WOULD LIKE MY SKIN TO BE
	SOLUTIONS

[illegible]

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

PRODUCT REVIEWS

Product Brand	Date Bought	Price
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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:	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:

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	
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[illegible][illegible][illegible]

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

[illegible]

BODY CARE WISHLIST

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

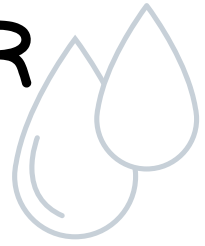
ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

ITEM:		PRICE
BRAND:		

WATER TRACKER

A large, stylized outline of a water bottle. The bottle has a handle at the top. The body of the bottle is divided into 12 horizontal sections by dashed lines. Each section is numbered from 1 to 12, starting from the bottom and going up. The top section (12) is the narrowest, and the bottom section (1) is the widest. The bottle has a base at the bottom.

12

11

10

9

8

7

6

5

4

3

2

1

SLEEP TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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JUNE

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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
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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	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

BODY 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:		

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
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>

NOTES	TOP FACE CREAMS
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>
	<div>★</div> <hr/>

NOTES	TOP FACE CREAMS
	<div><div>★</div><div></div></div>
	<div><div>★</div><div></div></div>
	<div><div>★</div><div></div></div>
	<div><div>★</div><div></div></div>
	<div><div>★</div><div></div></div>

BEAUTY CARE CONTACT LIST

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

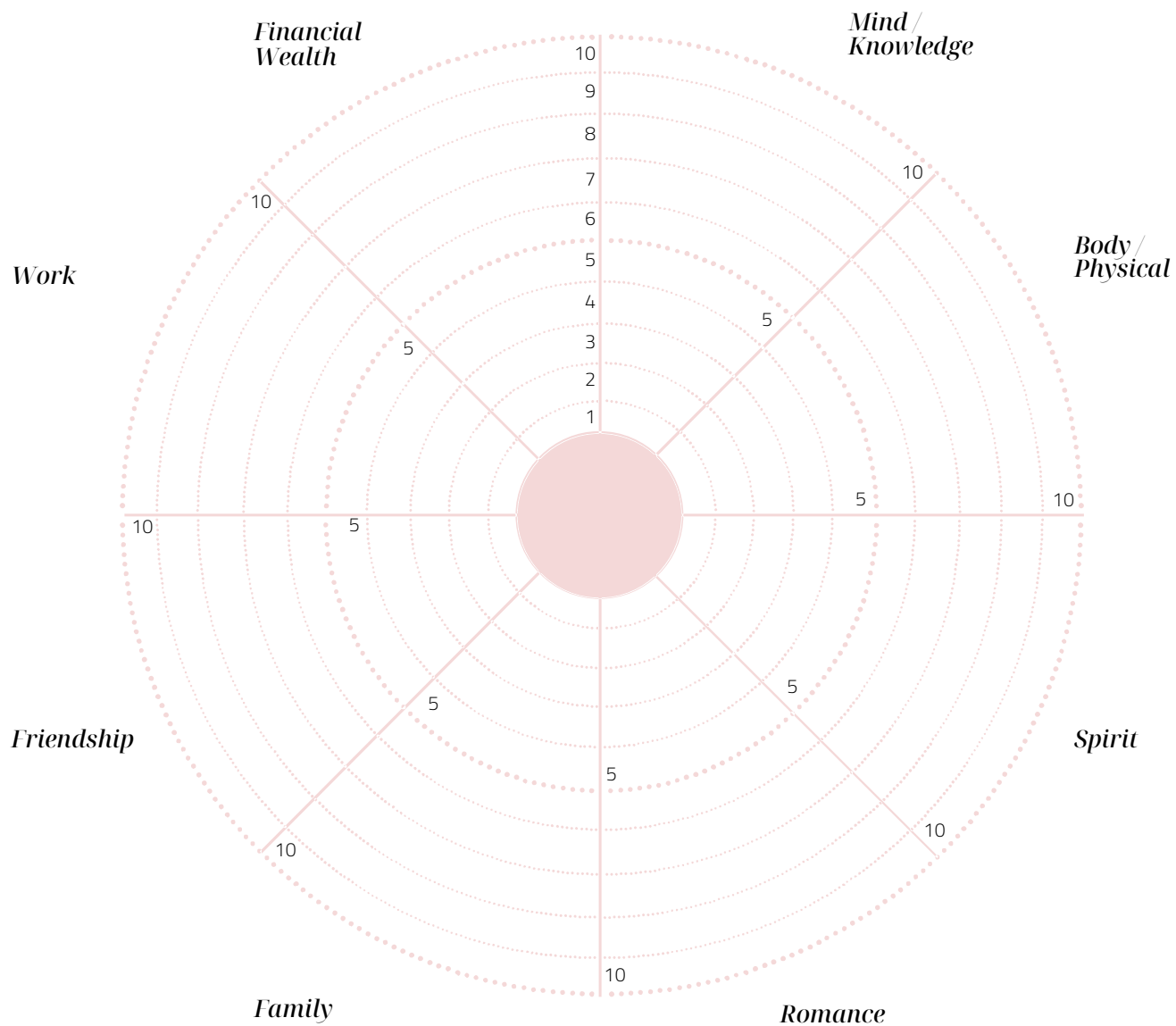
NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

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

[illegible][illegible][illegible]

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	MY SCHEDULE
<div><div>♥</div><div>♥</div><div>♥</div></div>	
SELF CARE CHECKLIST	
<div><div>♥</div><div>♥</div><div>♥</div></div>	

MEAL PLAN	
BREAKFAST	
LUNCH	
DINNER	
SNACK/DESSERT	

MY NOTES AND THOUGHTS



WEEKLY JOURNAL

MONDAY

GOAL

1

2

TUESDAY

3

WEDNESDAY

TO DO LIST

THURSDAY

FRIDAY

NOTES

SATURDAY

SUNDAY

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 & positive 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

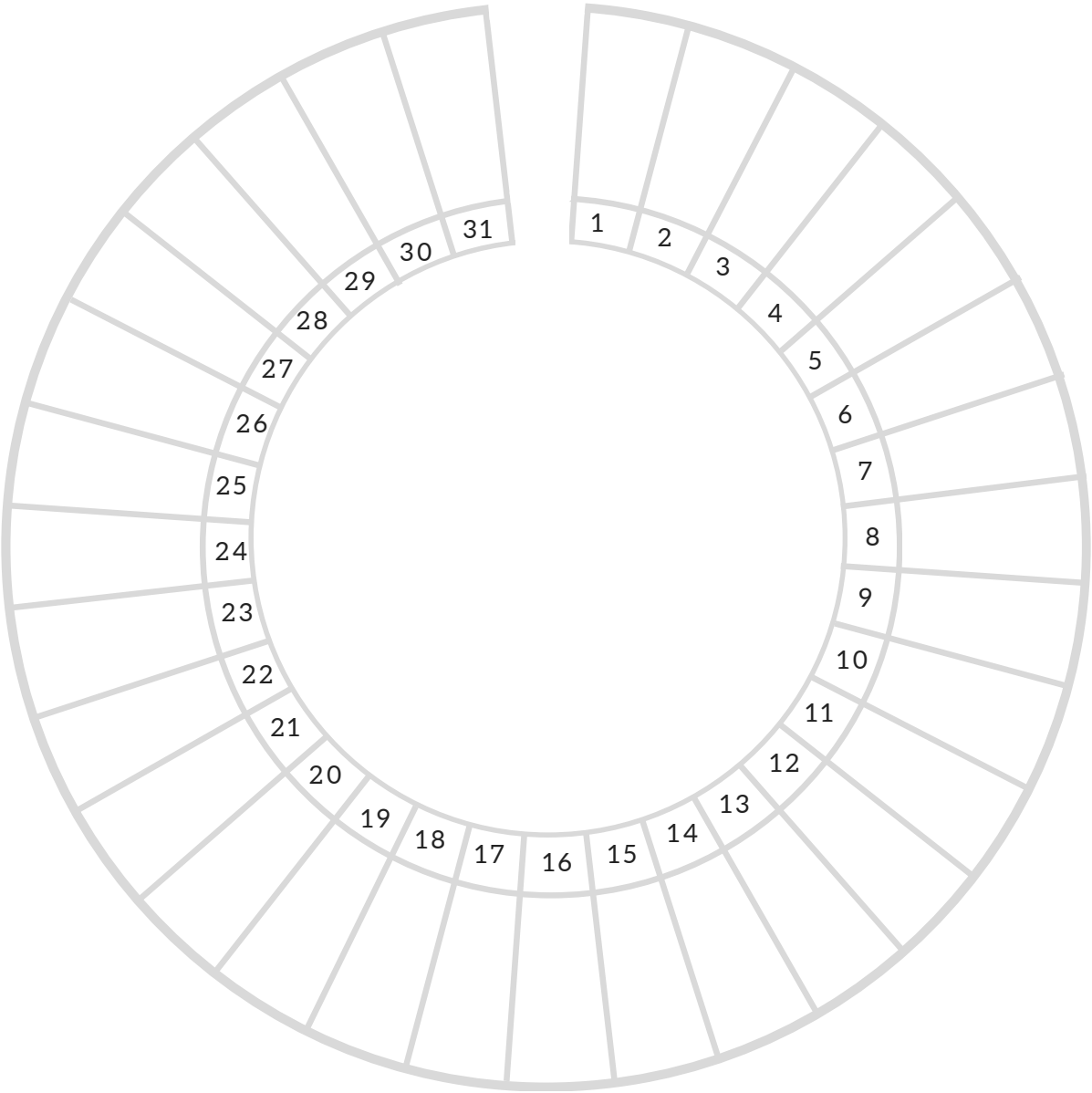
ex. "I'm in control of my physical fitness"

Love

ex. "I have people who love me"

MOOD TRACKER

MONTH _____



NEUTRAL	TIRED	STRESSED	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GRUMPY	SICK	SAD	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELAXED	HAPPY	ANGRY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YEAR IN COLOR

[illegible]

KINDNESS TRACKER

MONTH _____

The form consists of a large rectangular area with a curved section on the left side. The curved section is divided into 31 numbered segments, representing the days of the month. The numbers are arranged in a circular pattern, starting from 1 at the top left and ending at 31 at the bottom left. The segments are separated by thin gray lines. The rest of the rectangular area is empty, with faint diagonal lines extending from the curved section towards the right edge.

YOGA LOG

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>

GOAL/S FOR TODAY'S YOGA SESSION

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SELF CARE CALENDAR

[illegible]

MY RESOURCES

Books	Author

Podcasts	Topic

Motivation Speakers	Topic

Websites	Topic

FEEL GOOD TRACKER

GOALS:

MONTH _____

WATER

FRESH AIR

MOVEMENT

QUIET TIME

FRUITS

VEGGIES

[illegible][illegible][illegible][illegible]

ROUTINE TRACKER

DATE _____

MORNING

M	T	W	T	F	S	S
<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"/>
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<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"/>

FROM _____
TO _____

AFTER
NOON

M	T	W	T	F	S	S
<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"/>

FROM _____
TO _____

EVENING

M	T	W	T	F	S	S
<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"/>

FROM _____
TO _____

MEDICATION TRACKER

Description	Dosage
I take it for	Start Dates

[illegible]

VITAMINS & MEDICATIONS

[illegible][illegible][illegible][illegible]

NOTES

DOODLE PAGE

