



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

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:		

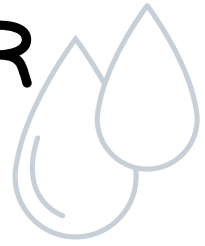
ITEM:		PRICE
BRAND:		

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 main 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 sections below it gradually widen until they reach the middle section (8), which is the widest. Below section 8, the sections (7, 6, 5, 4, 3, 2, 1) are of a constant width. The bottom of the bottle has a small rectangular base.

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												
13												
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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

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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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
	 _____
	 _____
	 _____
	 _____
	 _____

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			

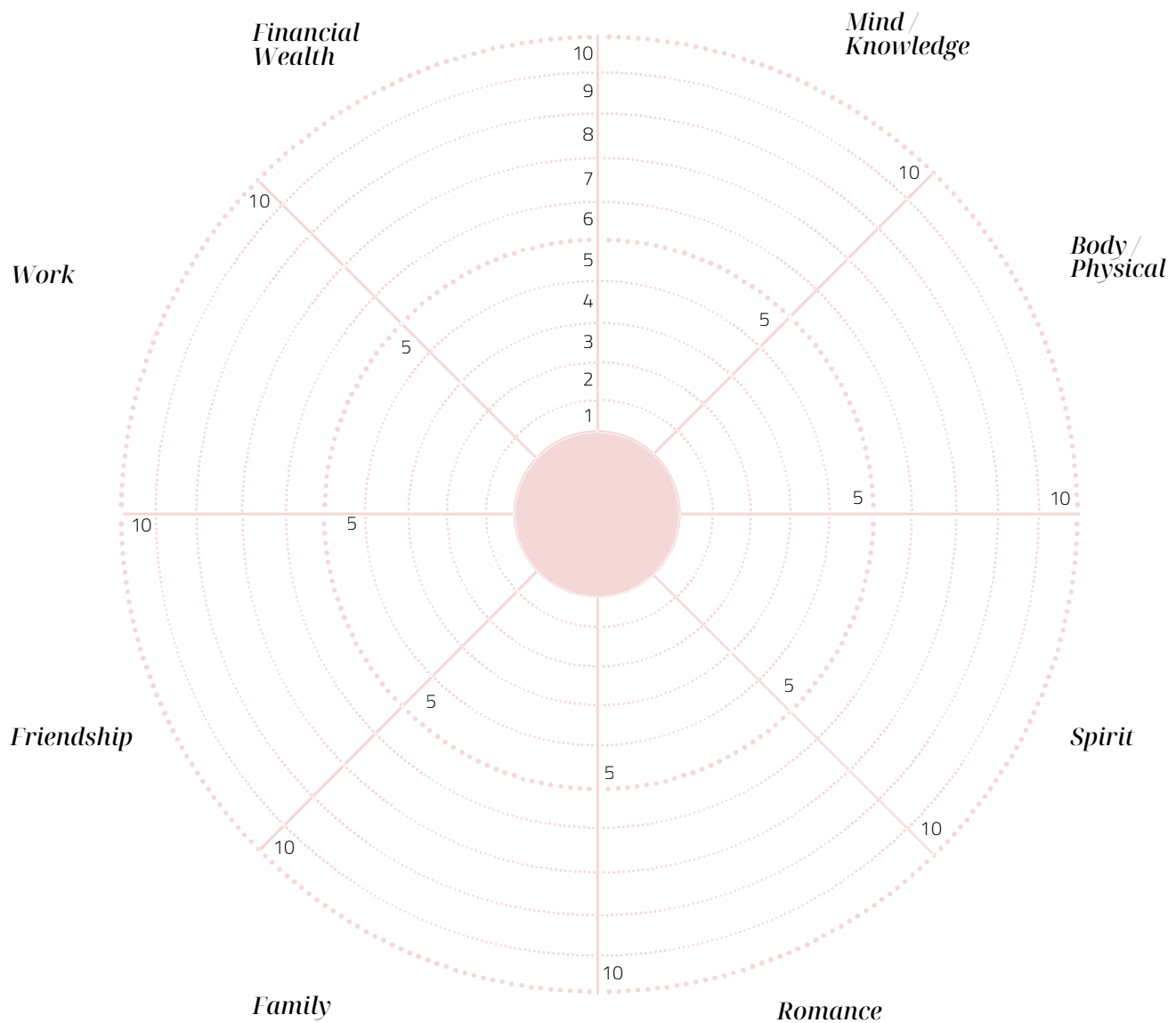
NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

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

[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

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 & 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

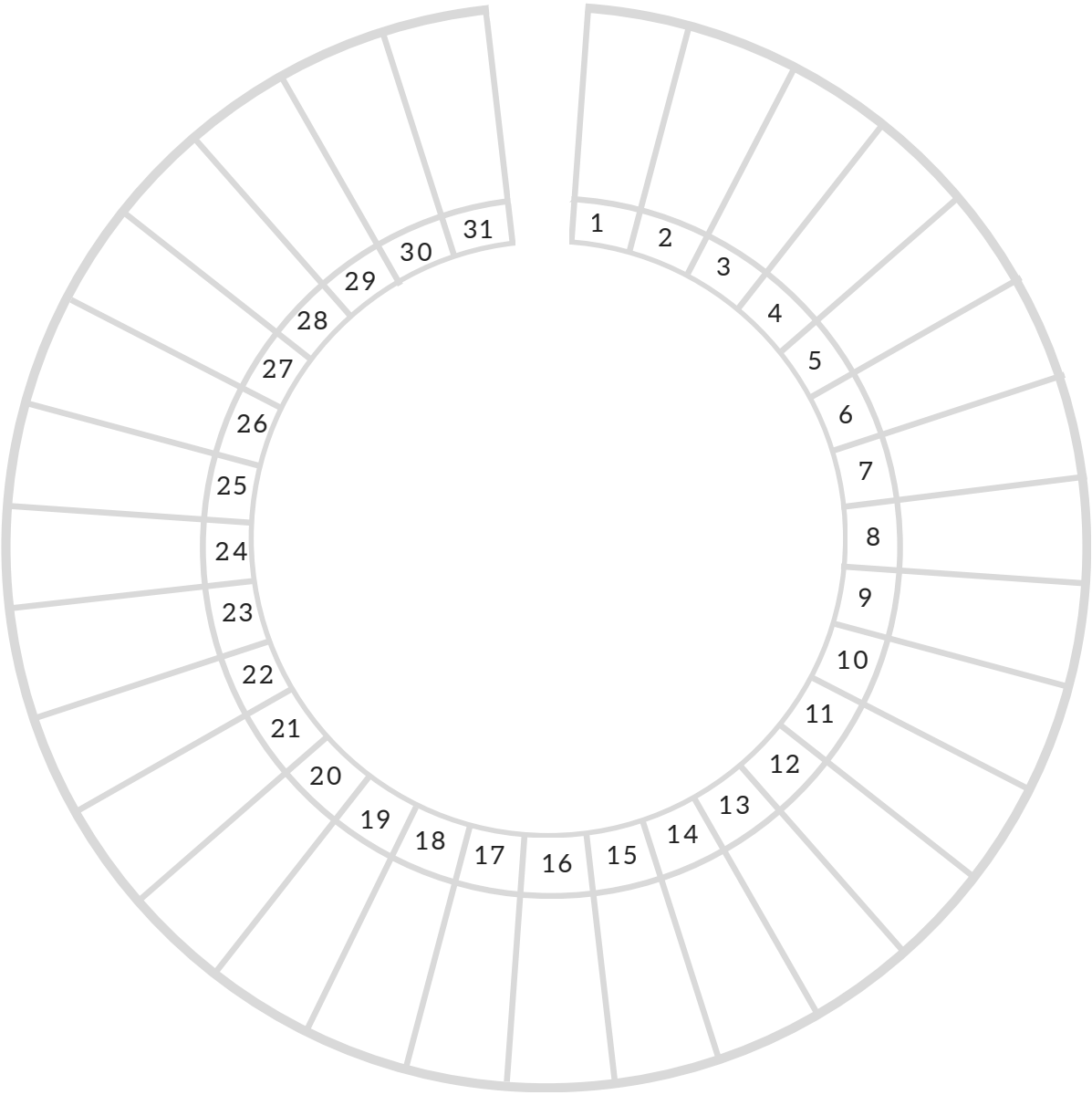
ex. "I'm in control of my physical fitness"

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 _____

A circular kindness tracker grid. The grid is divided into 31 segments, each representing a day of the month. The segments are numbered 1 through 31, starting from the top left and moving clockwise. Each segment is a wedge-shaped area that tapers towards the center. The segments are separated by thin gray lines. The entire grid is enclosed in a gray border.

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

--

SELF CARE CALENDAR

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"/>
<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 _____

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"/>
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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"/>

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"/>
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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 _____

MEDICATION TRACKER

Description	Dosage
I take it for	Start Dates

[illegible]

VITAMINS & MEDICATIONS

MEDICATION:	<input type="text"/>
FREQUENCY:	<input type="text"/>
DOSE:	<input type="text"/>
TIME:	<input type="text"/>
DATE:	<input type="text"/>

[illegible]

MEDICATION:	
FREQUENCY:	
DOSE:	
TIME:	
DATE:	

MEDICATION:	<input type="text"/>
FREQUENCY:	<input type="text"/>
DOSE:	<input type="text"/>
TIME:	<input type="text"/>
DATE:	<input type="text"/>

NOTES

DOODLE PAGE

