

# Mental NEED

## Affirmation

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therapy

## Project Task

## 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

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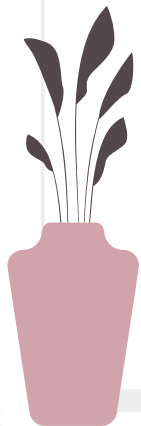
# Self NEED

## Morning Routine

- Wake up on time
- Stay away from social media
- Record positive affirmation
- Exercise for 30 minutes
- Shower
- Eat a nutritious breakfast

goals

## Personal Time



## Mindful Awareness

# Monthly ACTION

January

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

February

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

# Monthly ACTION

March

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

April

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

# Monthly ACTION

May

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

June

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

# Monthly ACTION

July

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

August

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

# Monthly ACTION

September

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

October

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

# Monthly ACTION

November

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

December

S	M	T	W	T	F	S

## Self-Care Action

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_



# Physical NEED

wellbeing

Water Drink



My Notes

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Nutrition

**Breakfast**

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**Lunch**

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**Dinner**

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**Sleep**

