NATURAL WELLNESS LIBRARY

MENTAL WELLNESS PLANNER

Daily pages, trackers, reflections & a simple 30-day system

GUIDE • PLANNER • 30-DAY SYSTEM

Daily Wellness Planner

Date	_____	Mood 1–10	__
Top 3 priorities	1. _____ 2. _____ 3. _____		
Movement	_____	Water	_____
Self-care	_____	Sleep target	_____
Notes	_____		

Mood Tracker

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Mood															

Mood Tracker • Days 16–30

Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Mood															

Stress Tracker

Date	Trigger	Intensity	Response	After
_____	_____	__	_____	__
_____	_____	__	_____	__
_____	_____	__	_____	__

Weekly Planner

Day	Priority	Movement	Recovery	Connection
Mon	___	___	___	___
Tue	___	___	___	___
Wed	___	___	___	___
Thu	___	___	___	___
Fri	___	___	___	___
Sat	___	___	___	___
Sun	___	___	___	___

Weekly Reflection

Question	Notes
Best moment	_____
Main stressor	_____
What helped	_____
What I need next week	_____

Self-Care Planner

Area	Plan
Body	_____
Mind	_____
Environment	_____
Connection	_____
Fun	_____

Boundary Planner

Situation	What I want	What I will say/do
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sleep Log

Date	Bed	Wake	Hours	Quality 1–5
_____	_____	_____	_____	__
_____	_____	_____	_____	__
_____	_____	_____	_____	__

Habit Tracker

Habit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Habit 1															
Habit 2															
Habit 3															

Habit Tracker • Days 16–30

Habit	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Habit 1															
Habit 2															
Habit 3															

30-Day Calendar

Week	Focus	Main habit	Review
1	Notice & simplify	_____	_____
2	Build routines	_____	_____
3	Boundaries & recovery	_____	_____
4	Refine & continue	_____	_____

Journaling Prompts

What am I feeling right now? _____

What is within my control today? _____

What would make today 10% easier? _____

What do I want to remember? _____

Gratitude Page

Today I appreciate…	Why it matters
_____	_____
_____	_____
_____	_____

Support Map

Person/resource	Type of support	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

Digital Reset

Digital habit	My limit	How I'll make it easier
Notifications	_____	_____
Social media	_____	_____
Phone at bedtime	_____	_____
Work messages	_____	_____

Monthly Goals

Goal	Why	First step	Review date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes

_____

_____

_____

_____

My Reset Plan

When I have a difficult day, I will:

1. _____

2. _____

3. _____

Person/resource I can contact: _____