

# EMOTIONAL WELLNESS TRACKER

# 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			

Name		Company	
Email		Phone	
Address			
Notes			

# Acceptance Worksheet

[illegible][illegible]

# Annual Goals

January	February	March
April	May	June
July	August	September
October	November	December

# Anxiety Tracker

[illegible]

# Anxiety Worksheet

What situations trigger your anxiety?

What can you do to make yourself more comfortable?

What distracts you from achieving your goals?

Remember the situation when you felt proud of yourself.

# COUNTERING ANXIETY

I'm worried that..

Describe:

The good outcome

The bad outcome

Most likely outcome

# DAILY JOURNAL

What are three moments you'd like to remember?

What activities did you enjoy today?

How did you feel today?

What did you learn today?

What do you want to do tomorrow?



# Daily Planner

## To Do List


## Reminders for Today


## To Do List

8:00 am
9:00 am
10:00 am
11:00 am
12:00 pm
1:00 pm
2:00 pm
3:00 pm
4:00 pm
5:00 pm
6:00 pm

## For Tomorrow


## Notes

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# DAILY REFLECTIONS

Date:

How can you celebrate yourself today?

Affirmation

Reminder

Write a list of 10 things you are grateful for today?


# DEEP BREATHING RECORD FORM

[illegible]

# DOCTOR VISITS

Date :	Time:
Patient :	Age :
Hospital :	Height :
Doctor :	Weight :
Contact info :	Heart Rate :
Location :	Blood Pressure :

Reason For  
Visit

Doctor's Comments

Prescription & Instructions

Follow Up	Date :	Time :
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# EXERCISE TRACKER

	Exercise/ Reps	M	T	W	T	F	S	S
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								

# Food Diary

## Breakfast

Time \_\_\_\_\_

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lunch

Time \_\_\_\_\_

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--

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## Dinner

Time \_\_\_\_\_

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## Snacks

## Vitamins

# Water

## Notes

# GRATITUDE LIST

Date:

Today I'm Grateful For	My Affirmation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

[illegible]

# HABIT TRACKER

[illegible]



# MEDICATION TRACKER

Date: \_\_\_\_\_

[illegible]

# MINDFULNESS WORKSHEET

[illegible]

# Mood Tracker

Month:

Activity	M	T	W	T	F	S	S
Wake up earlier							
Eat healthy breakfast							
Focus on completing the task							
Stay hydrated							
Keep Smiling							
Sleep early							

# Overcoming Limiting Beliefs

[illegible]

# Positive Experiences

Write briefly about the times when you displayed each of the following qualities

Courage

Kindness

Selflessness

Love

Excitement

Creative

Happiness

Calm

# Post-Therapy Notes

Date: \_\_\_\_\_

## Topics discussed

## Topics discussed

## Things to remember

## Summary

# PROBLEM BEHAVIOR ANALYSIS

Problem behavior that I'm analyzing

What prompting event caused this behavior?

What things in myself or in my environment made me vulnerable?

When did my problem behavior stop?

Ways to relax my vulnerability in the future

# Problem Solving Worksheet

Problem

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Possible Solution

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Difficulties of the solution

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Potential Outcome

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Conclusion

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# READING LOG

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

Book \_\_\_\_\_  
k: \_\_\_\_\_  
Start \_\_\_\_\_ End \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

# REFLECTIONS

Bad Habits I need to Stop

Things I Regretted Not Doing

Things I Learned This Month

How to be a better version of me

# REMINDER TO MYSELF

I like the fact that I

My skills and strengths are ...

I love being myself when ...

The best event in my life was when ...

# SAFETY PLAN

My warning signs

My effective coping strategies are:

People I can reach out to for distraction:

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

People I can reach out to for help:

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Name: \_\_\_\_\_

Contact \_\_\_\_\_

Steps I can take to make my environment  
safer:

:

In the event of a crisis

Call Emergency  
Contact:

\_\_\_\_\_

Call Crisis Hotline:

\_\_\_\_\_

Call Emergency Services:

\_\_\_\_\_

# SELF-CARE TRACKER

# SELF-ESTEEM WORKSHEET

Date: \_\_\_\_\_

My accomplishments today

A positive thing I witnessed..

I felt proud when...

Something that made me happy today...

# SENSATION RECORD

[illegible]

# SLEEP TRACKER

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL:
1	8	9	10	11	12	13	14	15	16	17	18	
2	8	9	10	11	12	13	14	15	16	17	18	
3	8	9	10	11	12	13	14	15	16	17	18	
4	8	9	10	11	12	13	14	15	16	17	18	
5	8	9	10	11	12	13	14	15	16	17	18	
6	8	9	10	11	12	13	14	15	16	17	18	
7	8	9	10	11	12	13	14	15	16	17	18	
8	8	9	10	11	12	13	14	15	16	17	18	
9	8	9	10	11	12	13	14	15	16	17	18	
10	8	9	10	11	12	13	14	15	16	17	18	
1	8	9	10	11	12	13	14	15	16	17	18	
2	8	9	10	11	12	13	14	15	16	17	18	
13	8	9	10	11	12	13	14	15	16	17	18	
14	8	9	10	11	12	13	14	15	16	17	18	
15	8	9	10	11	12	13	14	15	16	17	18	
16	8	9	10	11	12	13	14	15	16	17	18	
17	8	9	10	11	12	13	14	15	16	17	18	
18	8	9	10	11	12	13	14	15	16	17	18	
19	8	9	10	11	12	13	14	15	16	17	18	
20	8	9	10	11	12	13	14	15	16	17	18	
21	8	9	10	11	12	13	14	15	16	17	18	
22	8	9	10	11	12	13	14	15	16	17	18	
23	8	9	10	11	12	13	14	15	16	17	18	
24	8	9	10	11	12	13	14	15	16	17	18	
25	8	9	10	11	12	13	14	15	16	17	18	
26	8	9	10	11	12	13	14	15	16	17	18	
27	8	9	10	11	12	13	14	15	16	17	18	
28	8	9	10	11	12	13	14	15	16	17	18	
29	8	9	10	11	12	13	14	15	16	17	18	
30	8	9	10	11	12	13	14	15	16	17	18	
31	8	9	10	11	12	13	14	15	16	17	18	



# SENSATION RECORD

Mental Symptoms		M	T	W	T	F	S	S
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Physical Symptoms		M	T	W	T	F	S	S
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

# THOUGHT LOG

Date: \_\_\_\_\_

Today I feel

What was on my mind today?

What evidence do I have that my negative thoughts are true?

What evidence do I have that my negative thoughts are false?

Positive thoughts or reflections

# THOUGHTS TRACKER

[illegible]

# TO-DO LIST

Name:

[illegible]

Date:

[illegible]

# WATER TRACKER

"Our habits shape who we are."

Water

<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"/>				

Healthy eating

<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"/>				

Workout

<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"/>				

Learn Spanish

<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"/>				

Read

<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"/>				

Journal

<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"/>				

Save \$\$

<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"/>				

No spend

<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"/>				

Cook

<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"/>				

# WORRY EXPLORATION

What are you worried about?

What are some clues that show your worry will not come true?

If your worry does not come true, what will probably happen instead?

The worst that can happen is ..

# TRAVEL PLANNER

Where

When

From :

Tc

Days :

## Details

[illegible]

## To Do Before

## Documents, Money, Cards

[illegible][illegible]

# NOTES

[illegible]



