



SYNCED INJECTIONS
NATURAL. BEAUTY. BALANCE

SELF-CARE WORKBOOK

*SELF CARE IS SO MUCH MORE
THAN BEAUTY TREATMENTS, OR
AN EXTERNAL THING. ITS ABOUT
UNDERSTANDING WHAT IS IN
YOUR HEART SO YOU CAN
NAVIGATE THE BALANCING ACT
OF LIFE.*

BE THE NATURAL YOU.

-NURSE CARLINE



3 STEP

PROCESS

STEP ONE - CHOOSE YOURSELF

CHOOSE YOURSELF, PRACTICE TAKING CARE OF YOUR MIND, BODY AND SPIRIT.

BELIEVE IN YOURSELF AND KNOW YOU'RE THE ONLY ONE WHO IS GOING TO DO THIS FOR YOU.

BE PROUD YOU'RE TRYING.

STEP TWO - GOOD INTENT

BE FOCUSED IN CHOOSING WHAT YOU WANT FOR YOURSELF.

THE SKY IS THE LIMIT, IF YOU CHOOSE TO HAVE MORE PATIENCE, WISH TO EXERCISE MORE, OR LEARN TO MEDITATE.

YOU CAN DO THIS.
BELIEVE IN YOURSELF.

VISUALIZE WHAT YOU WANT.
I MEAN IT, CLOSE YOUR EYES AND MAKE IT A REALITY IN YOUR HEAD.

BE SLOW, START SMALL, HAVE GRACE WITH YOURSELF.

FEEL WHAT YOUR VISSION IS, AND IT WILL MAKE IT EASIER TO PUT IT INTO ACTION.

STEP THREE - VISUALIZE



SMART GOALS

WHEN SETTING GOALS, FOLLOWING THE SMART STRUCTURE WILL HELP YOU TO ORGANIZE YOUR THOUGHTS. USE THE QUESTIONS BELOW TO HELP PROMPT YOU IN CREATING YOUR GOALS.

S	<p><u>SPECIFIC</u></p> <p>WHAT DO I WANT TO ACCOMPLISH?</p> <p>START SMALL AND SIMPLE THEN GROW AS YOU ACOMPLISH THEM</p>	
M	<p><u>MEASURABLE</u></p> <p>HOW WILL I KNOW WHEN IT IS ACCOMPLISHED?</p> <p>I WILL FEEL, I WILL HAVE, I WILL...</p>	
A	<p><u>ACHIEVABLE</u></p> <p>HOW CAN THE GOAL BE ACCOMPLISHED?</p>	
R	<p><u>RELEVANT</u></p> <p>DOES THIS SEEM WORTHWHILE?</p>	
T	<p><u>TIME BOUND</u></p> <p>WHEN CAN I ACCOMPLISH THIS GOAL?</p>	



FILLABLE

CHECKLIST

FILL IN THE CHECKLIST SPACES BELOW WITH SELF-CARE ACTIVITIES THAT YOU CAN DO IN THE MORNING AND AT NIGHT.

FOCUS ON THINGS THAT GROUND YOU, MAKE YOU HAPPY AND RELAX YOU

MORNING SELF-CARE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

NIGHT SELF-CARE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____



SELF-CARE

CHECKLIST

MAKE YOUR WAY THROUGH EACH SECTION, AND TICK THE CHECKBOX FOR EACH STATEMENT THAT RESONATES WITH YOU. BEGIN TO PRACTICE IT. YOU CAN DO THIS!

I CAN:

WORKS WELL WHEN YOU SAY 'I CAN' BEFORE EACH BELOW.

- Say no to things I don't like.
- Set healthy boundary's
- Only spend time with people that make me feel good.
- Practice positive self-talk
- I can - _____

THE BOUNDARIES I CHOOSE TO SET ARE:

- My happiness comes first.
- Allow myself time to be alone at the end of the day to reset.
- I don't need to follow my parents footsteps.
- Nobody will touch me without my permission
- _____
Make your own boundary

I AM:

WORKS WELL WHEN YOU SAY 'I AM' BEFORE EACH BELOW. SAY THEM DAILY.

- Confident
- Connected to a higher purpose
- Powerful
- Healthy
- I am: _____

THINGS I DONT LIKE:

THESE ARE GOOD TO KNOW SO YOU CAN ALLOW YOURSELF TO SAY NO TO THEM.

- _____
- _____
- _____
- _____
- _____



7 DAY

HABIT TRACKER

KEEPING TRACK OF YOUR HABITS CAN HELP YOU STAY ON THE RIGHT PATH AND ACHIEVE YOUR GOALS. FILL OUT YOUR TOP 12 GOALS AND MARK THEM OFF EACH DAY YOU SUCCESSFULLY COMPLETE THEM. HINT: USE SOME OF THE THINGS YOU SAID ON YOUR SELF-CARE CHECKLIST.

WEEK OF: _____

HABIT / SELF-CARE STEP

	S	M	T	W	T	F	S
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

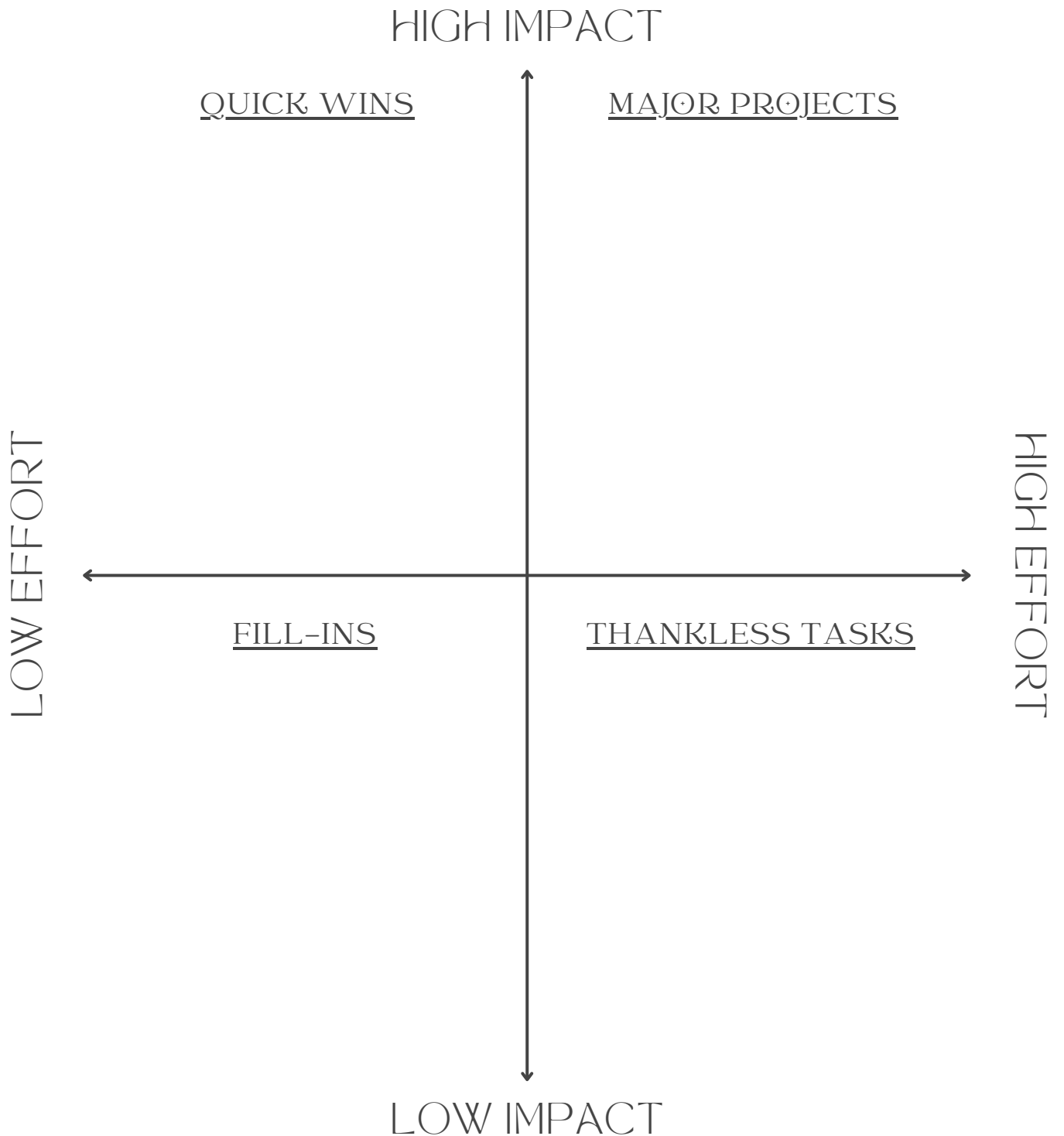
REFLECTION NOTES



ACTION PRIORITY

MATRIX

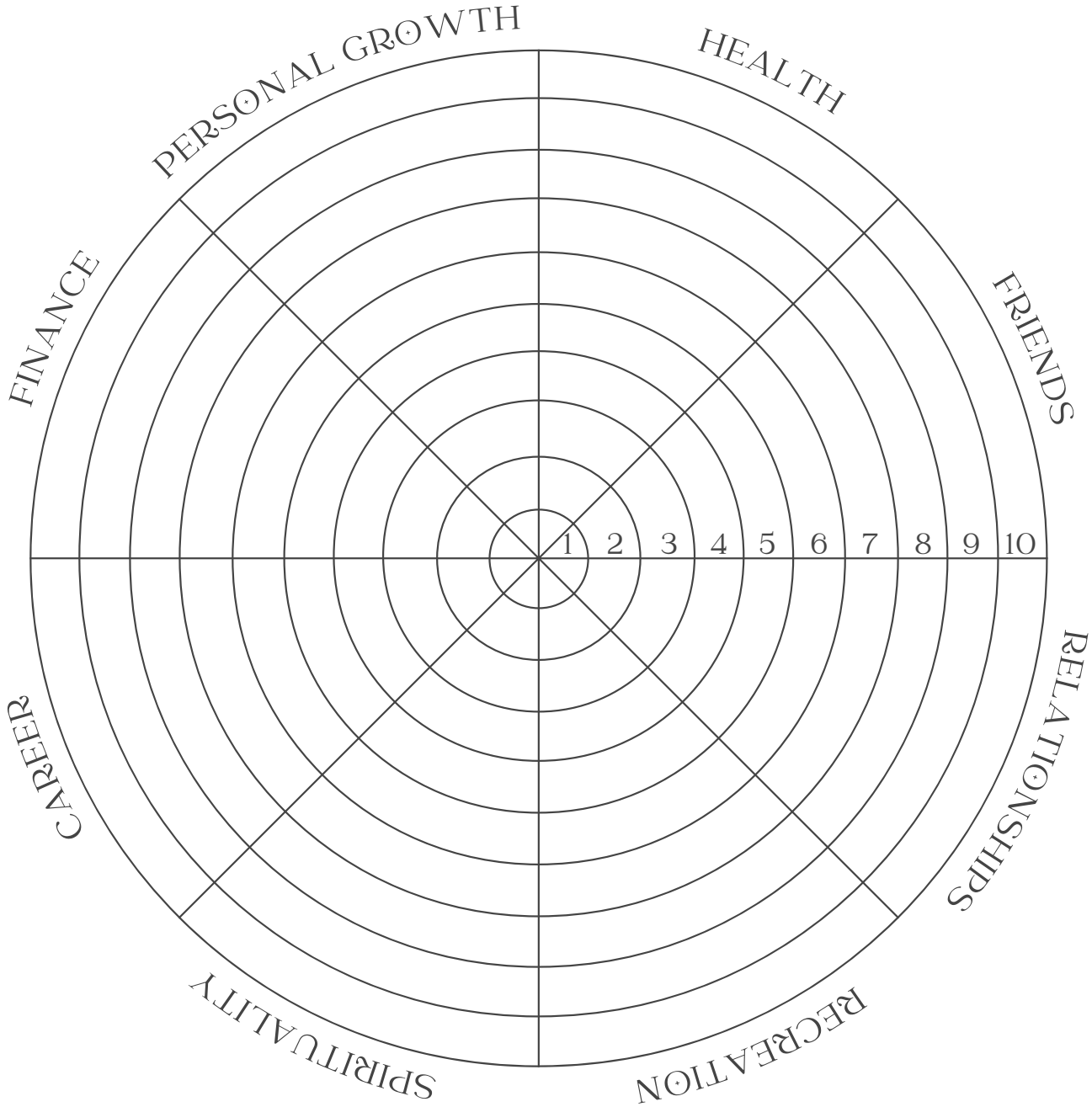
THE ACTION PRIORITY MATRIX IS A GREAT WAY TO VISUALISE WHAT TASKS TAKE PRIORITY OVER OTHERS, AND HOW TO BEST ALLOCATE YOUR TIME TOWARDS THEM.



WHEEL OF

LIFE

THE WHEEL OF LIFE IS A GREAT TOOL THAT HELPS YOU BETTER UNDERSTAND WHAT YOU CAN DO TO MAKE YOUR LIFE MORE BALANCED. THINK ABOUT THE 8 LIFE CATEGORIES BELOW, AND RATE THEM FROM 1 - 10.



LIFE GOALS

FOR EACH OF THE CATEGORIES BELOW, WRITE DOWN THINGS YOU ARE PROUD OF YOURSELF DOING AND WHERE YOU WISH TO IMPROVE. TAKE THE TIME TO REFLECT ON THESE, AND WRITE A GOAL FOR EACH CATEGORY.

CATEGORY	I AM PROUD OF...	I WISH TO IMPROVE ON...	I WILL...
<i>FAMILY</i>			
<i>FRIENDS</i>			
<i>WORK/ SCHOOL</i>			
<i>BODY</i>			
<i>MENTAL HEALTH</i>			
<i>SPIRITUALITY</i>			

