



LIFE
Planner

GOAL TIMELINE

GOALS	WHEN	ACTION STEPS

MY PRIORITIES

Task Name

Steps to take

01	
02	
03	
04	
05	

DAILY PLANNER

TOP PRIORITIES

1

2

3

4

APPOINTMENTS

1

2

3

4

TODAY'S TO DO

TOMORROW TO DO

NOTES

DOODLE

WEEKLY PLANNER

MONDAY

GOAL

1

2

3

TUESDAY

WEDNESDAY

TO DO LIST

THURSDAY

FRIDAY

NOTES

SATURDAY

SUNDAY

MONTHLY PLANNER

MONTH OF : _____

WEEK 01

WEEK 02

WEEK 03

WEEK 04

MONTH						
MON	TUE	WED	THU	FRI	SAT	SUN

MONTH AT GLANCE

MONTH :

SUN	MON	TUES	WED	THURS	FRI	SAT

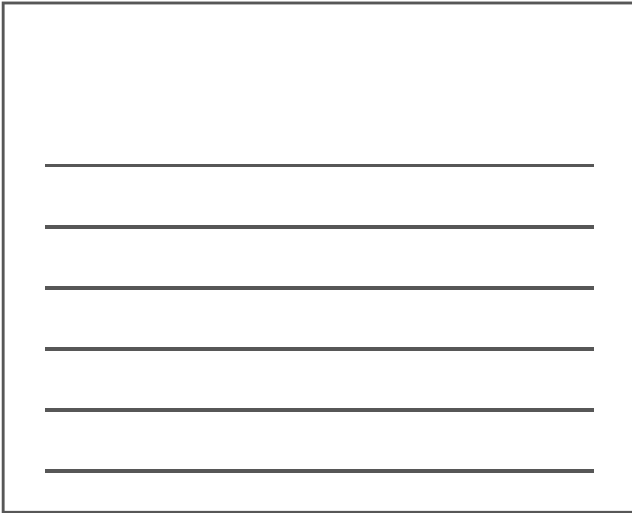
MONTH GOALS

-
-
-
-
-

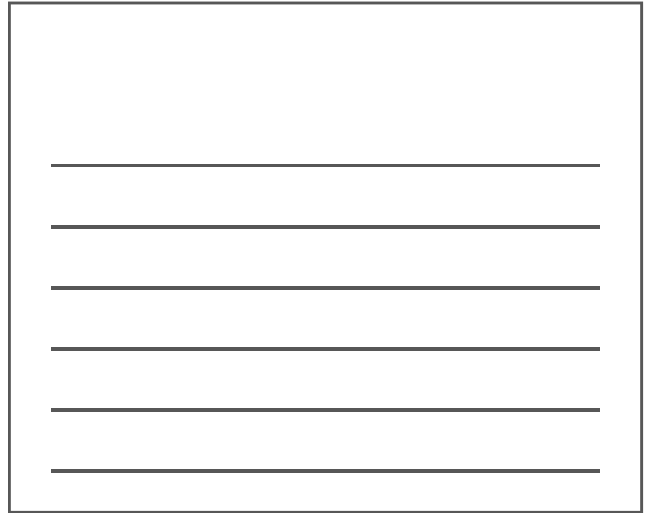
NOTES

YEARLY PLANNER

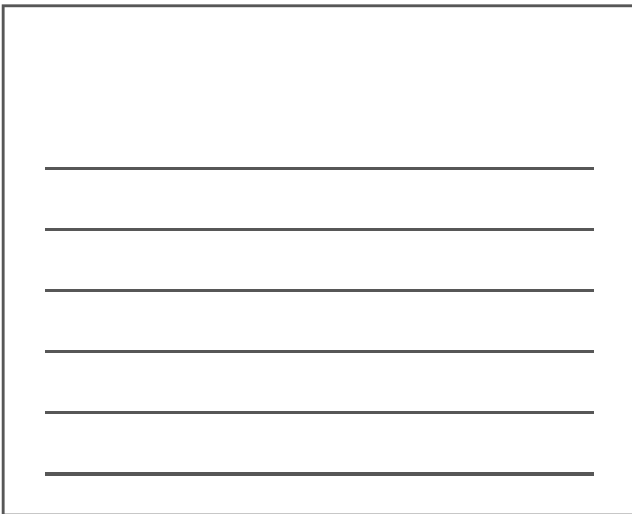
JANUARY



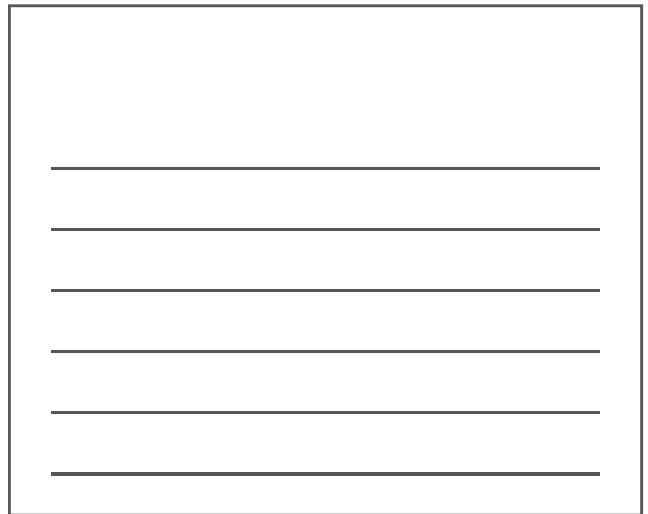
FEBRUARY



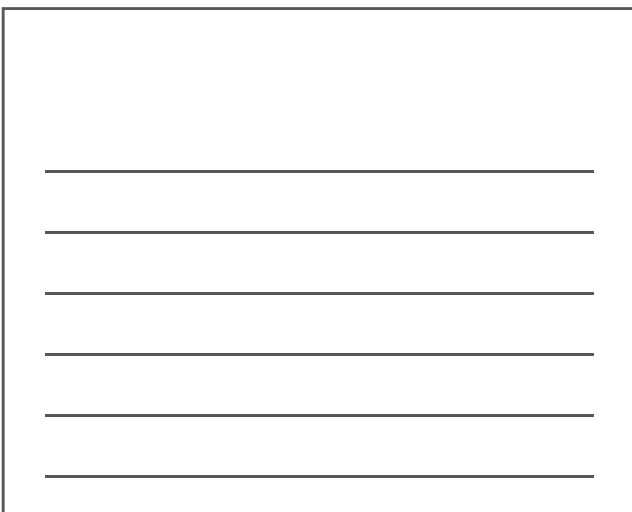
MARCH



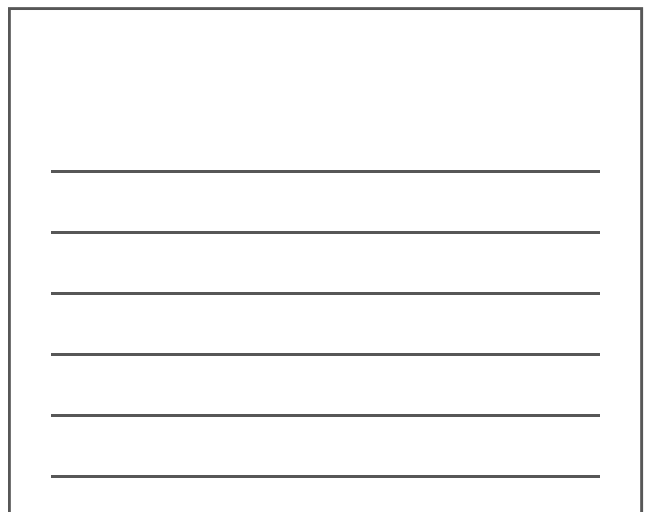
APRIL



MAY

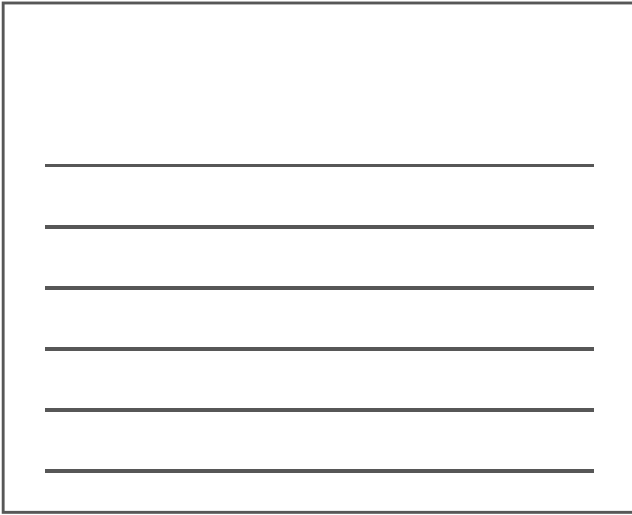


JUNE

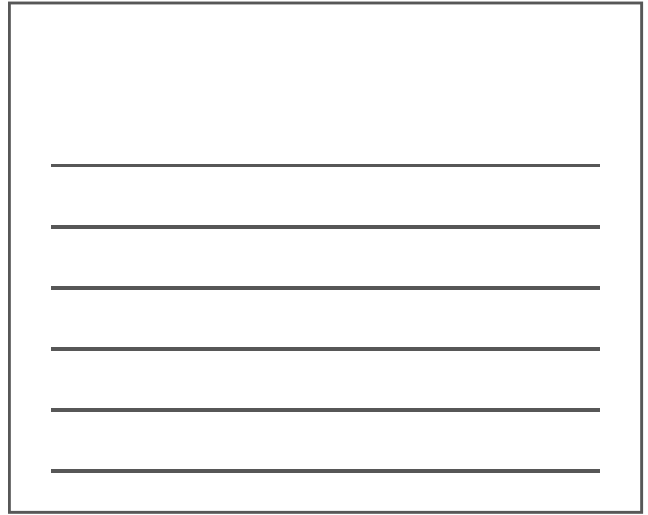


YEARLY PLANNER

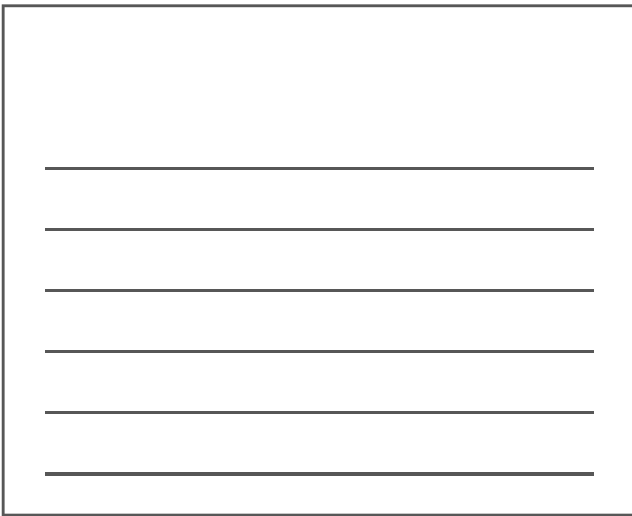
JULY



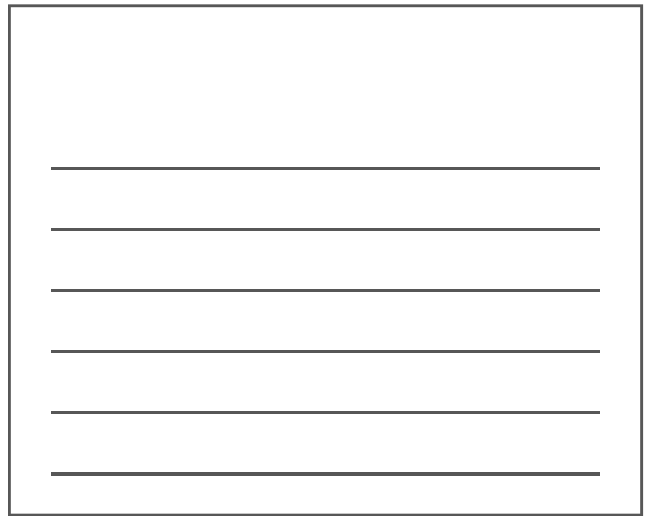
AUGUST



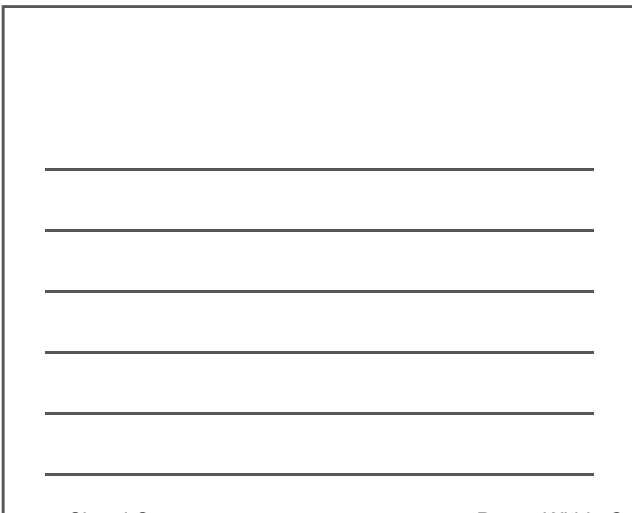
SEPTEMBER



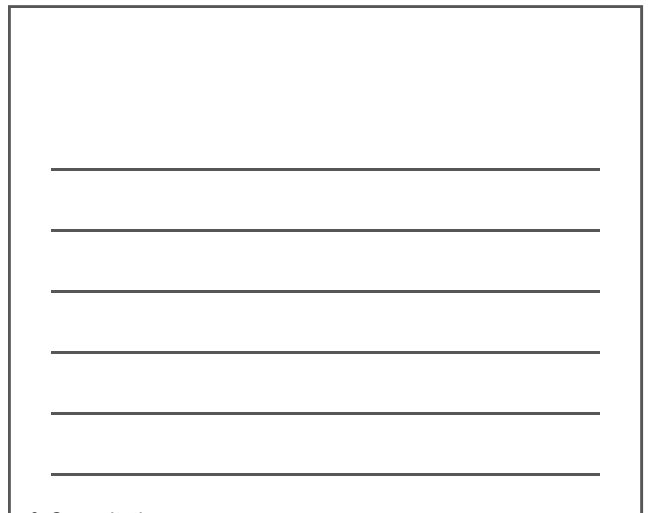
OCTOBER



NOVEMBER



DECEMBER



YEAR AT GLANCE

YEAR : _____

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

PRIORITY MATRIX

IMPORTANT	<i>Do Now</i>	<i>Do Later</i>
	<i>Delegate</i>	<i>Delete</i>
NOT IMPORTANT		

NOTES

SAVINGS TRACKER



FINANCE CALENDAR

MONTH OF		YEAR				
MON	TUE	WED	THU	FRI	SAT	SUN

MONTHLY BUDGET

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SOURCH OF INCOME	AMOUNT
01	
02	
03	
TOTAL	

PERSONAL	BUDGET	SPENT
ENTERTAINMENT		
CLOTHING		
COSMETIKS		
LIFE INSURANCE		
OTHER		
TOTAL		

UTILITIES	BUDGET	SPENT
ELECTRIC		
GAS		
TRASH		
INTERNET		
PHONE		
TOTAL		

HOME	BUDGET	SPENT
RENT MORTGAGE		
TAXES		
INSURANCE		
REPAIRS		
TOTAL		

TRANSPORTATION	BUDGET	SPENT
CAR PAYMENT		
CAR INSURANCE		
GAS		
MAINTENANCE		
TOTAL		

DEBTS	BUDGET	SPENT
CREDIT CARD		
OTHER		
TOTAL		

FOOD	BUDGET	SPENT
GROCERIES		
EATING OUT		
TOTAL		

MISC	BUDGET	SPENT

CHECKING SAVINGS ACCOUNT			
ACCOUNT	STARTING	GOAL	ENDING

	BUDGET	ACTUAL	DIFFERENCE
TOTAL INCOME			
TOTAL EXPENSES			
TOTAL SAVINGS			

SPENDING TRACKER

Weeks	Amount	Total	Weeks	Amount	Total
01			27		
02			28		
03			29		
04			30		
05			31		
06			32		
07			33		
08			34		
09			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

Amount Spend:

Total Spend:

NO SPEND CHALLENGE

MONTH _____

01	02	03	04	05	06
07	08	09	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Exceptions

--

Stats

Reflections

GROCERIES LIST

MONTH:

WEEK:

FROZEN
<input type="checkbox"/>
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MEATS / FISH
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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"/>
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PASTA
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FRUITS
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DAIRY
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MEAL PLANNER

Date:

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

HEALTHY RECIPE

DATE:

Name:

Prep Time:

Cooking Time:

Servings:

Ingredients

Rating:



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

Instructions

ROUTINE TRACKER

DATE _____

MORNING

FROM _____

TO _____

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

AFTER NOON

FROM _____

TO _____

M	T	W	T	F	S	S
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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"/>
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EVENING

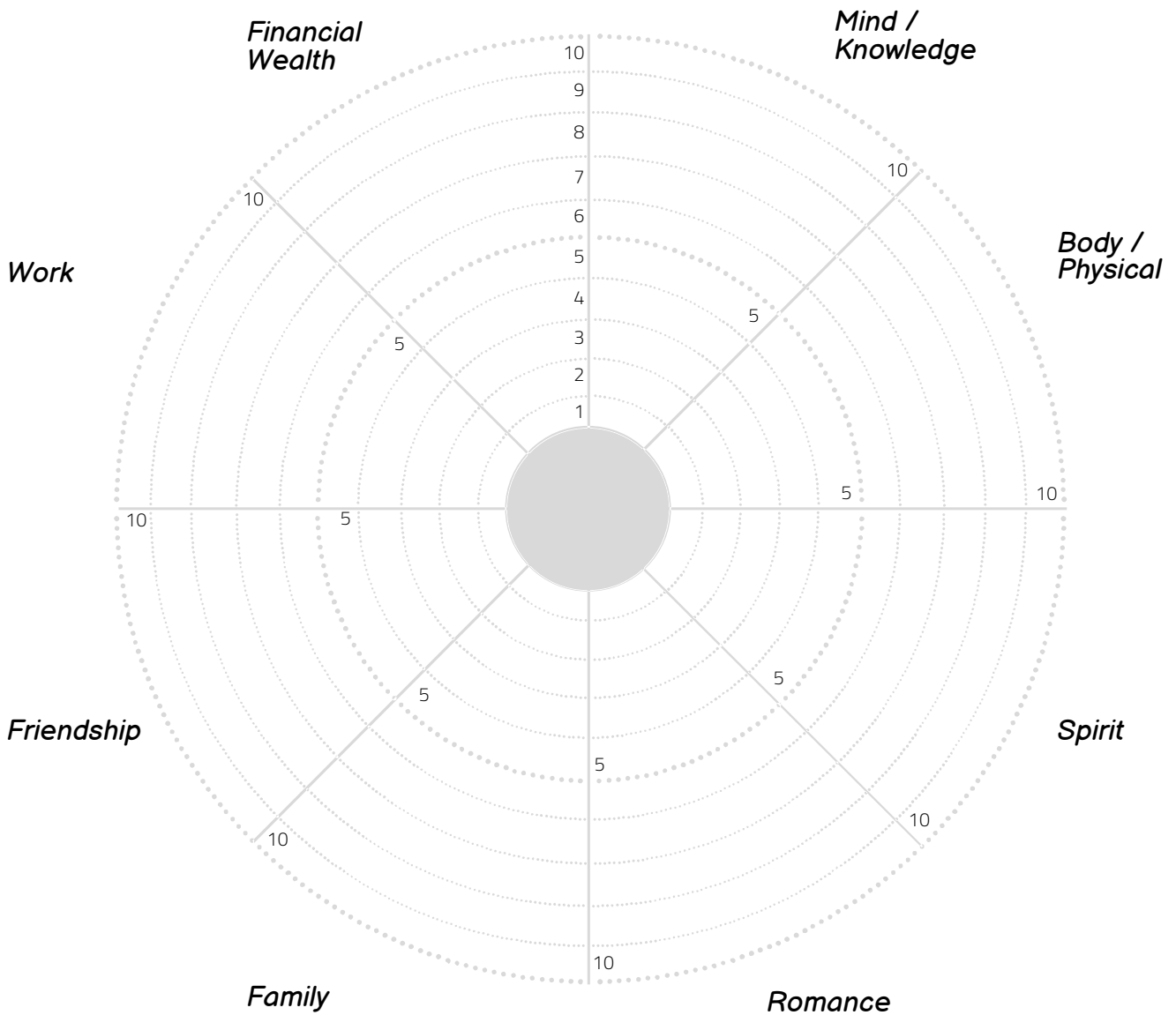
FROM _____

TO _____

M	T	W	T	F	S	S
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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"/>

WHEEL OF LIFE

MONTH _____



NOTES

WHEEL OF LIFE

Career

Finance

Friends

Love

Personal Growth

Health

Leisure

Home

SELF CARE PLANNER

BODY	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"/>
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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"/>

MIND	M	T	W	T	F	S	S
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SOUL	M	T	W	T	F	S	S
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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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISION BOARD

WHAT I'D LIKE TO ATTRACT

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to what they want to attract.

SPIRITUALITY

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to spirituality.

PHYSICAL HEALTH

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to physical health.

SELF LOVE

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to self-love.

MY FAMILY

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to their family.

MONEY MINDSET

A large, empty rectangular box with a light gray background, intended for users to write or paste content related to their money mindset.

MY BIG GOAL

A large, empty rectangular box with a light gray background, intended for users to write or paste their biggest goal.

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				

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				

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				

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				

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

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

MOOD TRACKER

MONTH _____

A circular mood tracker divided into 31 segments, each representing a day of the month. The segments are numbered from 1 to 31 in a clockwise direction starting from the top right. The circle is currently empty, ready for a user to record their mood for each day.

NEUTRAL

TIRED

STRESSED

GRUMPY

SICK

SAD

RELAXED

HAPPY

ANGRY

WATER TRACKER

MONTH OF

THE WEEK OF

THE WEEK OF

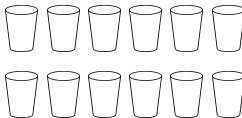
THE WEEK OF

THE WEEK OF

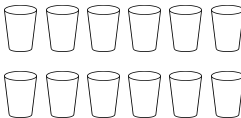
MON



MON



MON



MON



TUE



TUE



TUE



TUE



WED



WED



WED



WED



THU



THU



THU



THU



FRI



FRI



FRI



FRI



SAT



SAT



SAT



SAT



SUN



SUN



SUN



SUN



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		
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12	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		
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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		
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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		

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

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

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

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

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

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

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

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

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

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

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

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

READING TRACKER

NAME		GOAL	BOOKS / MINUTES	
DAY	BOOK TITLE		MINUTES	TOTAL
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				
TOTAL MINUTES READ				
TOTAL NUMBER OF BOOKS				

FAVOURITE MOVIES

1

2

3

4

5

6

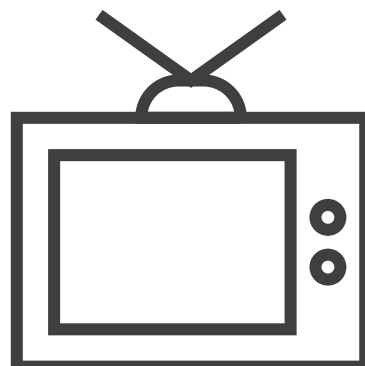
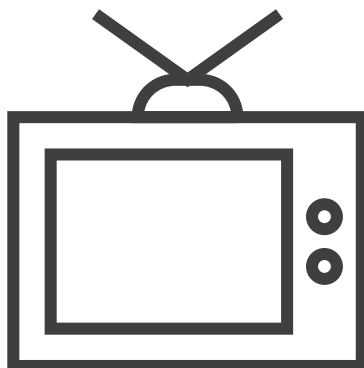
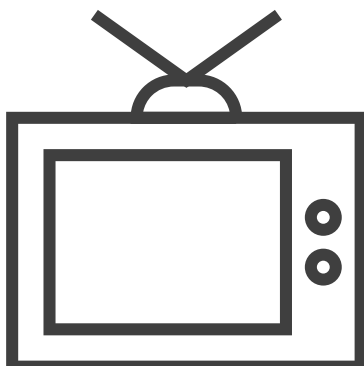
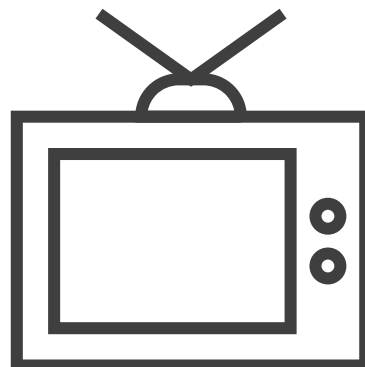
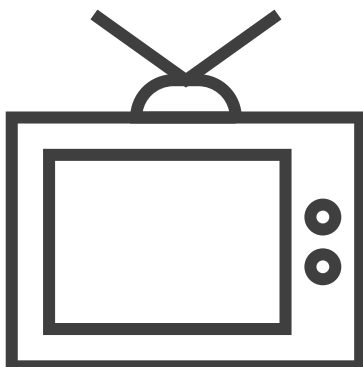
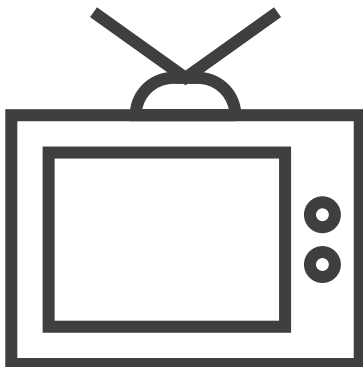
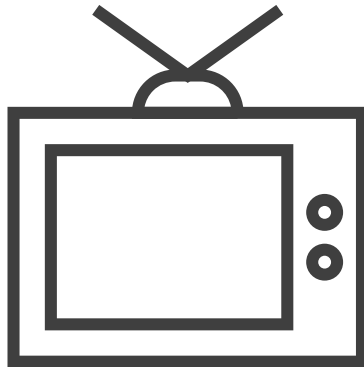
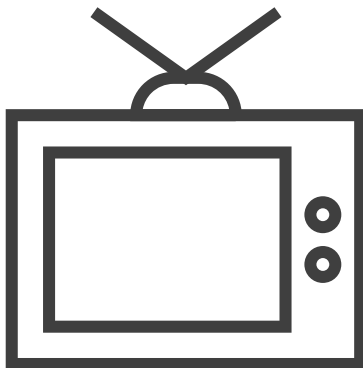
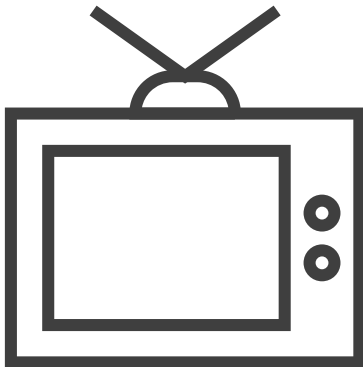
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8

9

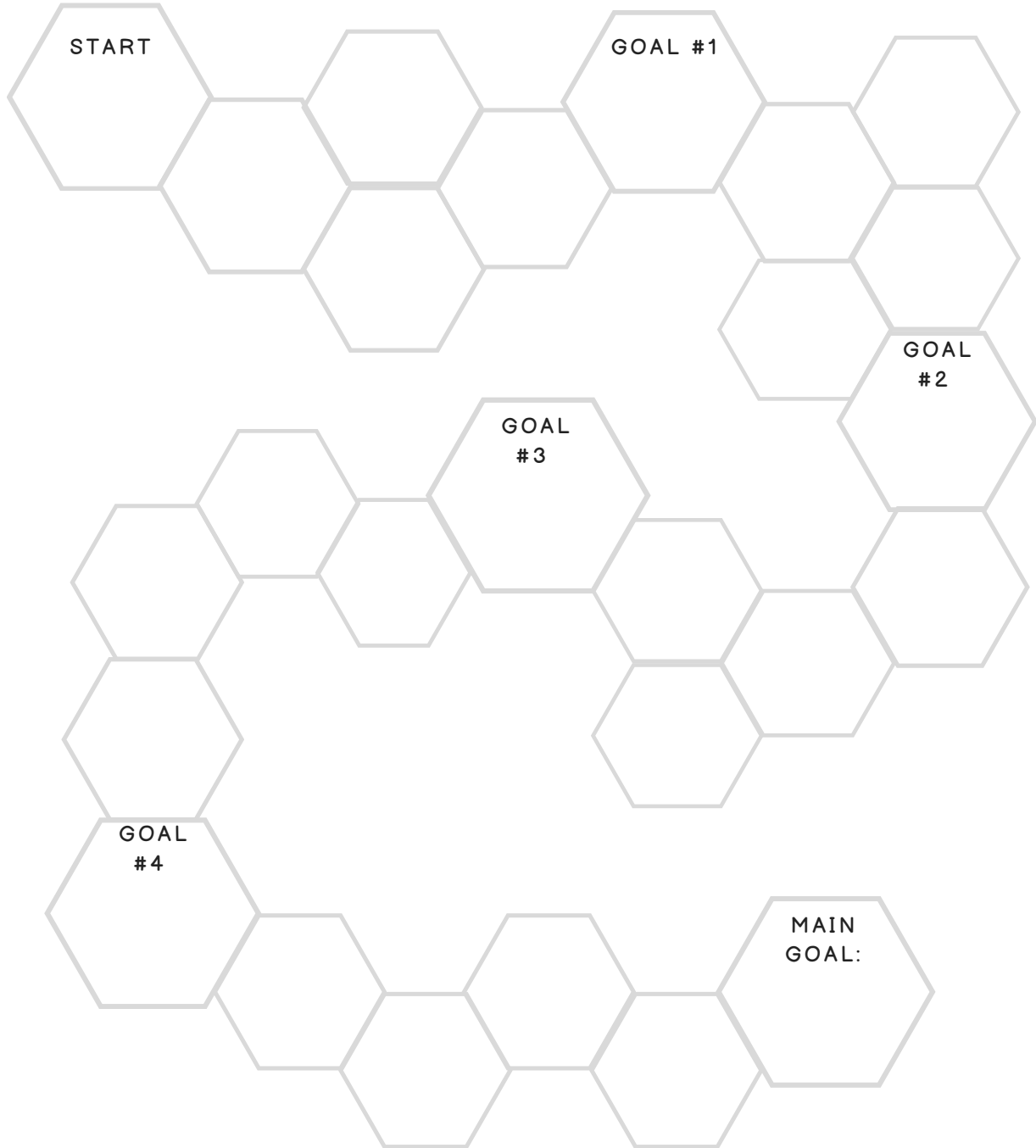
10

FAVOURITE TV SHOWS



WEIGHT LOSS TRACKER

MONTH _____



GOALS	#1	REWARDS	
	#2		
	#3		
	#4		
	MAIN:		

WORKOUT PLANNER

WEEK _____

MONDAY

Planned Workout

Actual Workout

TUESDAY

Planned Workout

Actual Workout

WEDNESDAY

Planned Workout

Actual Workout

THURSDAY

Planned Workout

Actual Workout

FRIDAY

Planned Workout

Actual Workout

SATURDAY

Planned Workout

Actual Workout

SUNDAY

Planned Workout

Actual Workout

30 DAYS STEPS TRACKER

DATE: _____

GOAL

DAY 01

DAY 02

DAY 03

DAY 04

DAY 05

DAY 06

DAY 07

DAY 08

DAY 09

DAY 10

DAY 11

DAY 12

DAY 13

DAY 14

DAY 15

DAY 16

DAY 17

DAY 18

DAY 19

DAY 20

DAY 21

DAY 22

DAY 23

DAY 24

DAY 25

DAY 26

DAY 27

DAY 28

DAY 29

DAY 30

NOTES

YOGA LOG

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

GOAL/S FOR TODAY'S YOGA SESSION

VITAMINS & MEDICATION

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

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

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

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

MEDICAL HISTORY

MEDICAL PROCEDURE	DATE

MEDICINES	DATE

MEDICINE ALLERGIES	DATE

CONCERNS	DATE

MORNING SAVERS ROUTINE

WEEK _____

	MON	TUE	WED	THU	FRI	SAT	SUN
S SILENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A AFFIRMATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V VISUALIZATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E EXERCISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S SCRIBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MY WHY

NOTES

SOUL STUFF

LETTER

MY BEST FRIENDS ARE

MY FAVOURITE SONGS

MY FAVOURITE TV SHOW

MY FAVOURITE BOOK

MY FEARS

GRATITUDE TRACKER

MONTH _____

The form consists of a large rectangular area. On the left side, there is a semi-circular arc divided into 31 segments, numbered 1 through 31 from top to bottom. The rest of the rectangle is filled with a grid of diagonal lines radiating from the arc, creating a sunburst effect.

ACTION BRAINSTORM

Stop Doing

Do Less

Keep Doing

Do More

Start Doing

MY RELATIONSHIPS

In this section, you'll be able to rate your current relationships to a scale of 1 to 10. In each box you'll be able to write down the current relationship and give it a rating. In addition, write down what you're happy with and what needs improving & why is this relationship important to you. How are these relationships supporting you in the life you're trying to build?

Relationship										Relationship									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10
What are you happy with & what to improve										What are you happy with & what to improve									

Relationship										Relationship									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10
What are you happy with & what to improve										What are you happy with & what to improve									

MY 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 the present tense using "I " pronoun. Second, use affirmative & positive words (avoid can't, won't, will not etc). For example "I'm full of 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"

DAILY CLEANING

DATE: _____

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

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

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

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

NOTES	

WEEKLY CLEANING

ALL ROOMS

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

BEDROOM

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

LIVING ROOM

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

SEASONAL CLEANING

SPRING

-
-
-
-
-
-
-
-

SUMMER

-
-
-
-
-
-
-
-

SPRING

-
-
-
-
-
-
-
-

SUMMER

-
-
-
-
-
-
-
-

VACATION PLANNER

DESTINATION 1

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

DESTINATION 2

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

DESTINATION 3

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

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			

