

DAILY PLANNER

DATE: _____

(S) (M) (T) (W) (T) (F) (S)

DAILY HEALTHY STRESS:

- 10 MINUTES OUTSIDE
- 15-60 MINUTES OF EXERCISE
- 15-60 MINUTES OF LEARNING
- 15-60 MINUTES HELPING SOMEONE

SLEEP PLAN:

I NEED _____ HOURS OF SLEEP TO BE MY BEST

WAKE UP: _____

GO TO BED: _____

MEAL TIMES*:

*EAT BREAKFAST WITHIN 2 HOURS OF WAKING UP. THEN 3-5 HOURS BETWEEN MEALS FOR THE REST OF THE DAY.

TODAY I AM GRATEFUL FOR:

1. _____
2. _____
3. _____
4. _____
5. _____

WATER INTAKE:



TODAY'S GOALS:

1. _____
2. _____
3. _____

SELF DISCOVERY

I LIKE:

I DON'T LIKE:

FOR TOMORROW:
