A person in a dark jacket and pants stands on a rocky shore, looking out at a calm lake. The background features rolling mountains under a soft, golden light, suggesting a sunrise or sunset. The overall scene is peaceful and contemplative.

ADHD REAL LIFE

P L A N N E R

CONTENTS

LIFE PLANNER

HABITS PLANNER

GOAL PLANNER

SELF-CARE PLANNER

CLEANING PLANNER

FITNESS PLANNER

HEALTH PLANNER

MEAL PLANNER

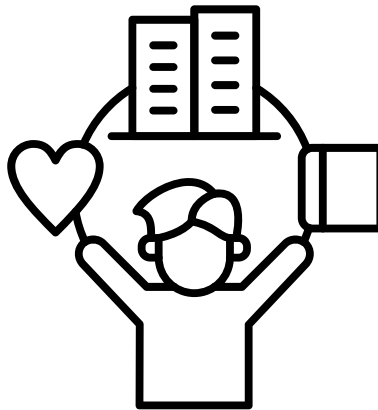
MY PET PLANNER

FINANCE PLANNER



STUDY PLANNER

LIFE

PLANNER







CONTACT LIST

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

CONTACT LIST

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

	NAME	
	BUSINESS NAME	
	WEBSITE	
	PHONE	
	EMAIL	
	ADDRESS	
	NOTES	

MONTHLY PLANNER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

NOTES

A series of horizontal dotted lines for writing notes.

WEEKLY REVIEW

M

T

W

T

F

S

S

WHAT HAVE YOU BEEN
FOCUSING ON THIS
WEEK?

WHAT ACTIONS HAVE
YOU TAKEN THIS WEEK?

WHAT ACCOMPLISHMENTS
HAVE YOU HAD?

WHAT
CHALLENGES DID
YOU FACE?

WHAT LIMITING BELIEFS
HAVE YOU LET GO OF?

WHAT HAVE YOU LEARNED
THIS WEEK?

HOW DO YOU FEEL
ABOUT YOUR PROGRESS?

GROCERY LIST

MEAT POULTRY		PRICE
1		
2		
3		
4		
5		

FISH		PRICE
1		
2		
3		
4		
5		

PRODUCE		PRICE
1		
2		
3		
4		
5		

PANTRY		PRICE
1		
2		
3		
4		
5		

CANNED GOODS		PRICE
1		
2		
3		
4		
5		

DAIRY		PRICE
1		
2		
3		
4		
5		

CONDIMENTS		PRICE
1		
2		
3		
4		
5		

OTHER		PRICE
1		
2		
3		
4		
5		

NOTES

PRIORITY LIST

DATE:

HIGH PRIORITY

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

LOW PRIORITY

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

NOTES

DAILY PLANNER

06-07
07-08
08-09
09-10
10-11
11-12
12-13
13-14
14-15
15-16
16-17
17-18
18-19
19-20

M T W T F S S

DATE : _____

TOP PRIORITIES

TO DO LIST

NOTES

DAILY PLANNER

WEEK OF :

M

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S

06-07

07-08

08-09

09-10

10-11

11-12

12-13

13-14

14-15

15-16

16-17

17-18

18-19

19-20

20-21

TO-DO LIST

PRIORITIES

NOTES

DAILY PLANNER

DATE : _____

6 AM	
7 AM	
8 AM	
9 AM	
10 AM	
11 AM	
12 PM	
1 PM	
2 PM	
3 PM	
4 PM	
5 PM	
6 PM	
7 PM	
8 PM	
9 PM	

POMODORO WORKSHEET

DATE:

Mo Tu We Th Fr Sa Su

WEEK: /52

TOP 3 TASKS	TARGET SESSIONS	ACTUAL SESSIONS	TOTAL TIME
1.	#	#	:
2.	#	#	:
3.	#	#	:

START	END	ACTIONS
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	

NOTES

TOTAL # ACTIONS: _____

TOTAL # BREAKS: _____

TOTAL # PROJECTS: _____

PRODUCTIVITY RATE

1	2	3	4	5
6	7	8	9	10

KID MILESTONES

KID'S NAME:

BIRTHDAY:

DATE	MILESTONE	NOTES

ADDITIONAL NOTES:

PASSWORD TRACKER

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE EMAIL	
CONTACT	
PASSWORD	
NOTES	

EXPENSE TRACKER

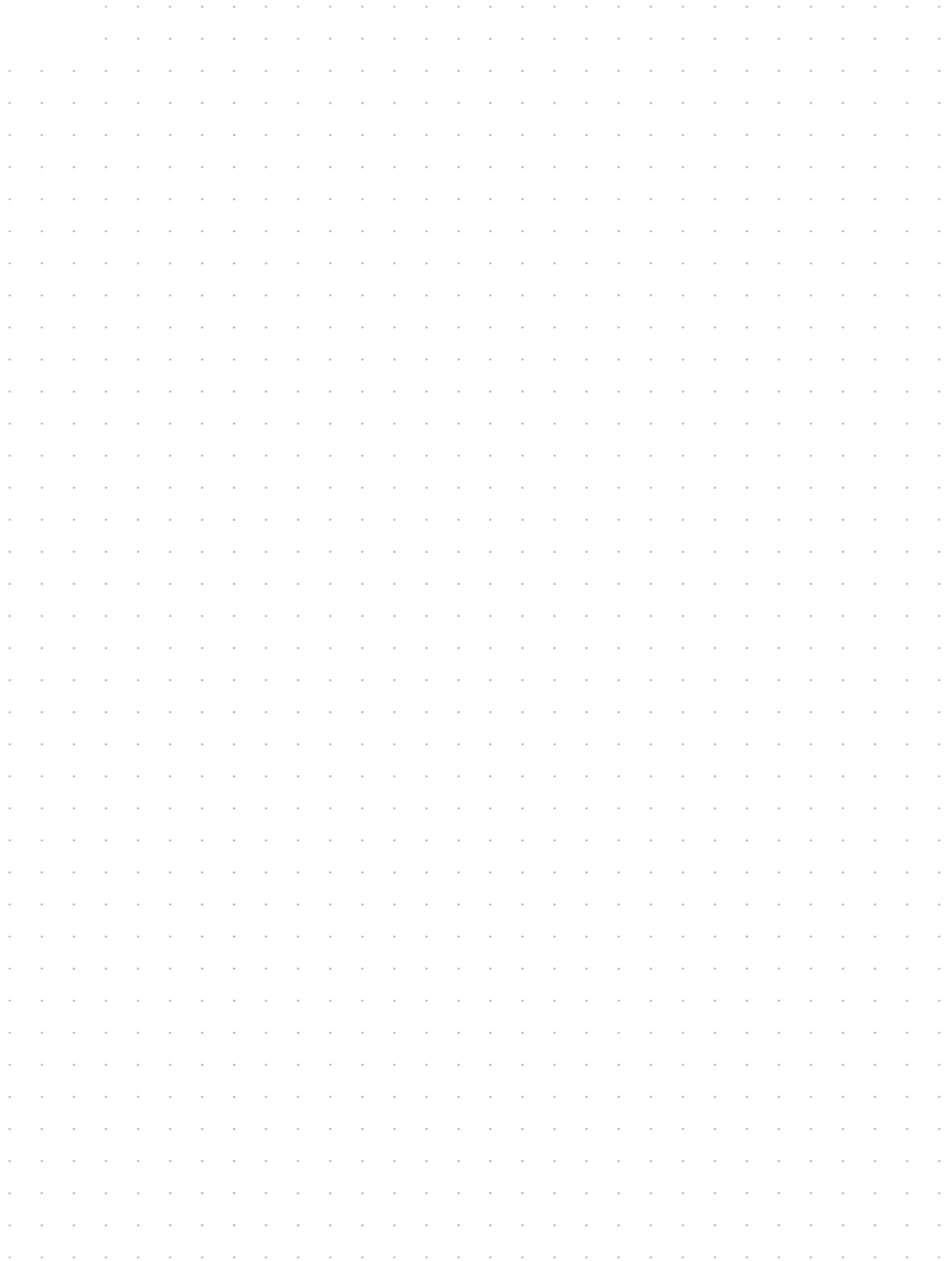
MONTH : _____

DATE	ITEM	SPENT	REMAINS

DEBT SNOWBALL WORKSHEET

DEBT NAME	TOTAL AMOUNT OWED	MINIMUM SNOWBALL PAYMENT	MONTH-1	MONTH-2	MONTH-3	MONTH-4	MONTH-5	MONTH-6

NOTES



MY NOTES

WEEK OF :

QUOTES

PERSONAL REMINDER

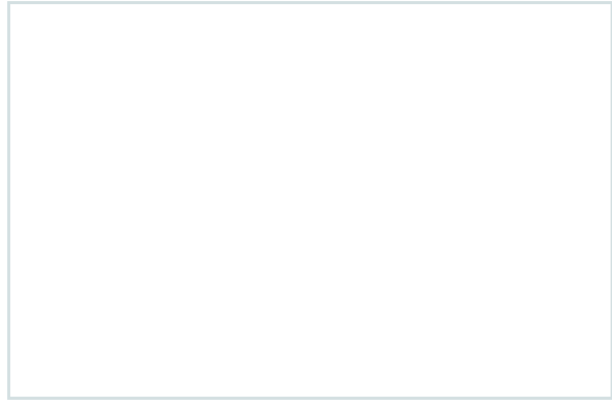
NEXT GOALS

ACTION STEPS

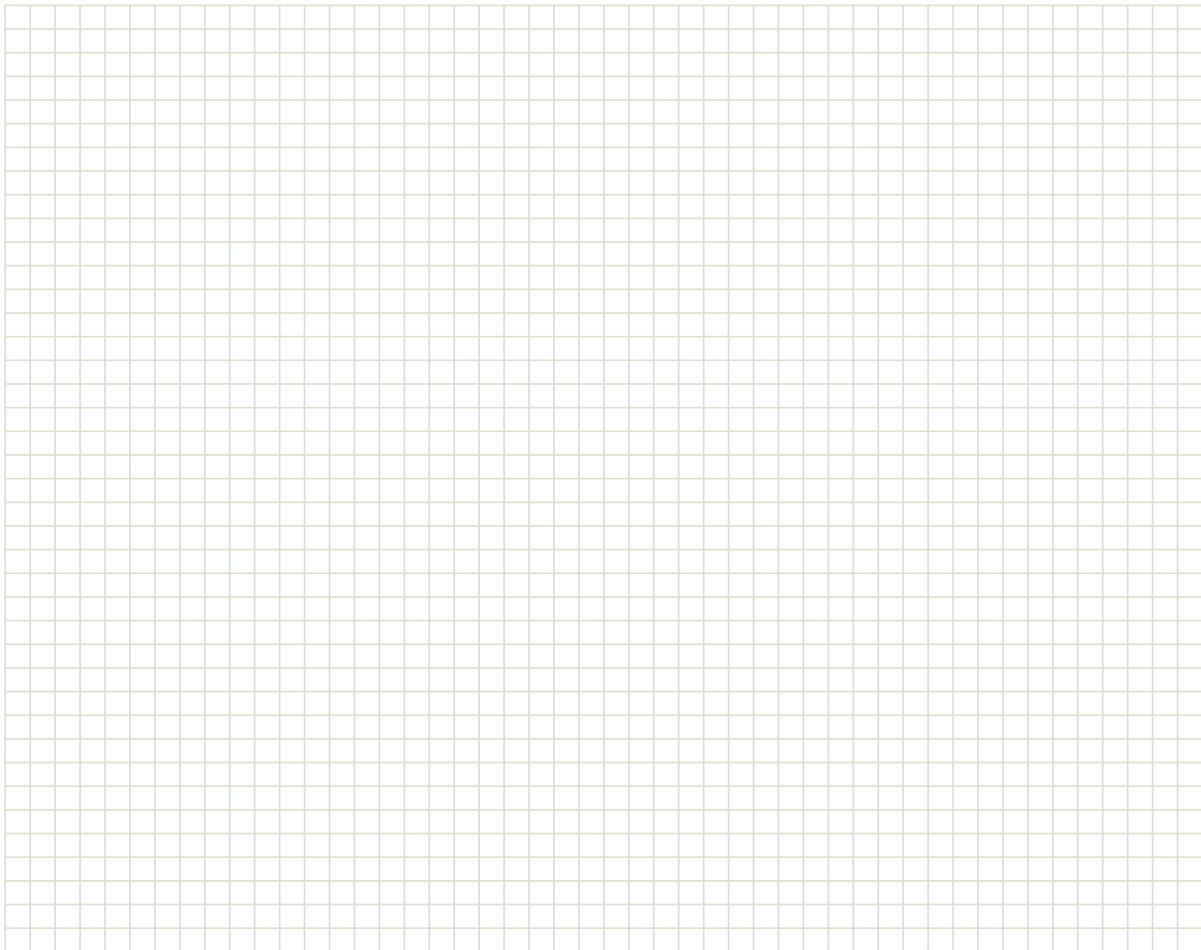
MY NOTES

LET'S DRAW

Handwriting practice lines consisting of seven horizontal beige bars.

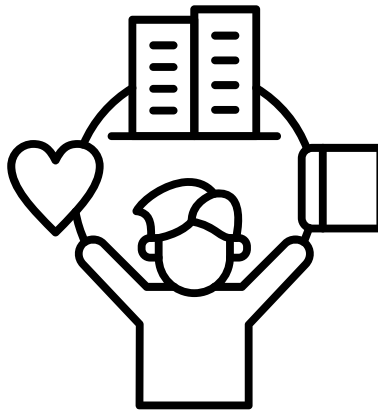


NOTES



HABITS

PLANNER



30-DAY HABIT TRACKER

HABIT:

WHY IS THIS HABIT IMPORTANT TO ME?

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

HABIT:

WHY IS THIS HABIT IMPORTANT TO ME?

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

HABIT TRACKER

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	2	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	29	30	31

HABIT TRACKER

HABIT	M	T	W	T	F	S	S
NOTES							

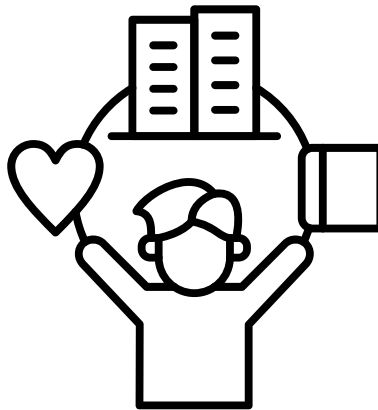
HABIT	M	T	W	T	F	S	S
NOTES							

HABIT	M	T	W	T	F	S	S
NOTES							

HABIT	M	T	W	T	F	S	S
NOTES							

GOALS

PLANNER



MY GOALS

GOALS-1	

GOALS-2	

GOALS-3	

GOALS-4	

GOALS-5	

GOALS-6	

GOAL PLANNER

DATE :

M

T

W

T

F

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S

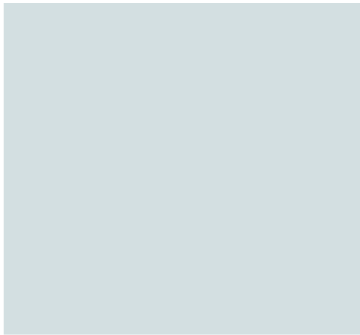
MAIN FOCUSES

MY GOALS

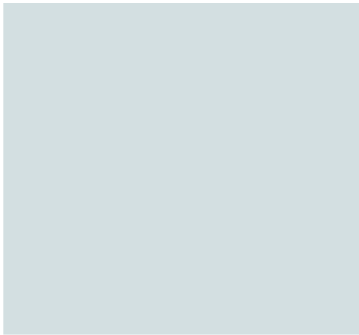
ACTION STEPS

MONTHLY GOALS

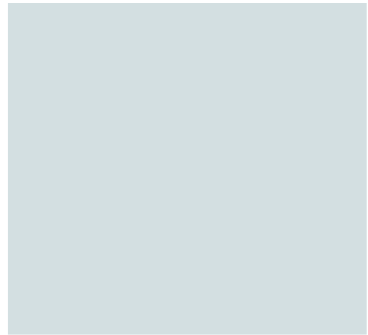
JANUARY



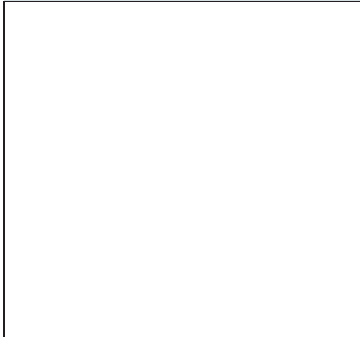
FEBRUARY



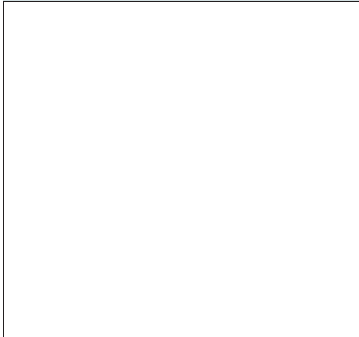
MARCH



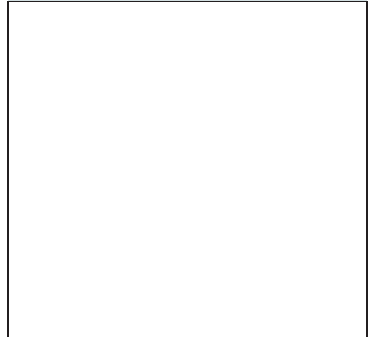
APRIL



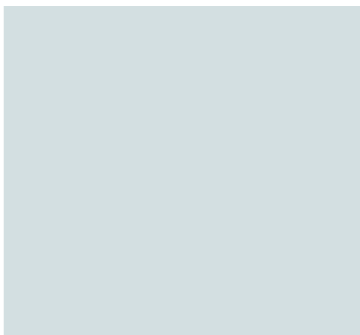
MAY



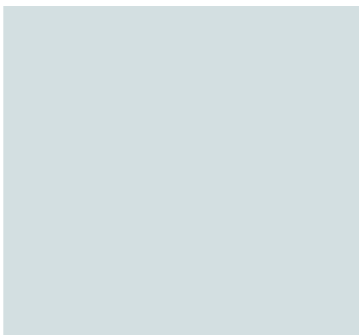
JUNE



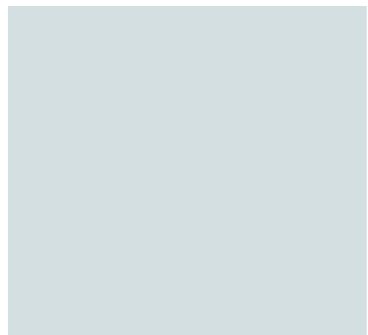
JULY



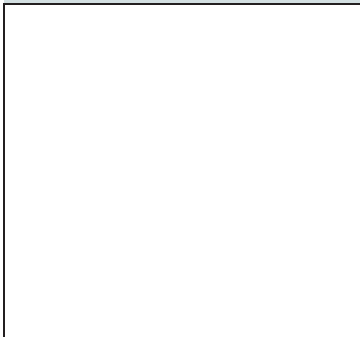
AUGUST



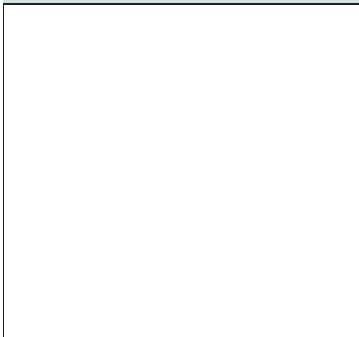
SEPTEMBER



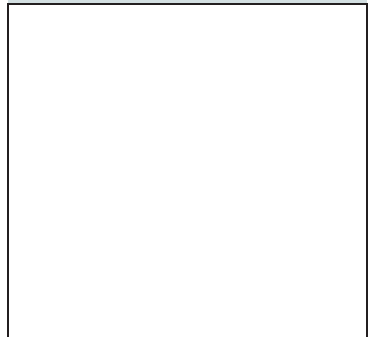
OCTOBER



NOVEMBER



DECEMBER



COACHING GOALS

M T W T F S S

GOAL-1	WHY IT'S IMPORTANT
	MEASURABLE OUTCOME

GOAL-2	WHY IT'S IMPORTANT
	MEASURABLE OUTCOME

GOAL SETTING

GOALS

[Empty box for goals]

ACTION TO TAKE

[Empty box for action to take]

MOTIVATIONS

[Empty box for motivations]

STEPS

[Empty box for steps]

POTENTIAL PROBLEMS

[Empty box for potential problems]

PROGRESS TRACKER

[Grid of dots for progress tracking]

SMART GOALS

BE SURE TO FOLLOW THE SMART STRUCTURE WHEN SETTING GOALS.
CREATE YOUR GOALS USING THE QUESTIONS BELOW.

S

SPECIFIC

SET REAL NUMBERS WITH REAL NUMBERS. WHAT
DO I WANT TO ACCOMPLISH?

M

MEASURABLE

MAKE SURE YOUR GOAL IS TRACKABLE. HOW WILL I
KNOW WHEN IT IS ACCOMPLISHED?

A

ACHIEVABLE

LIST. HOW CAN THE GOAL BE ACCOMPLISHED?

R

RELEVANT

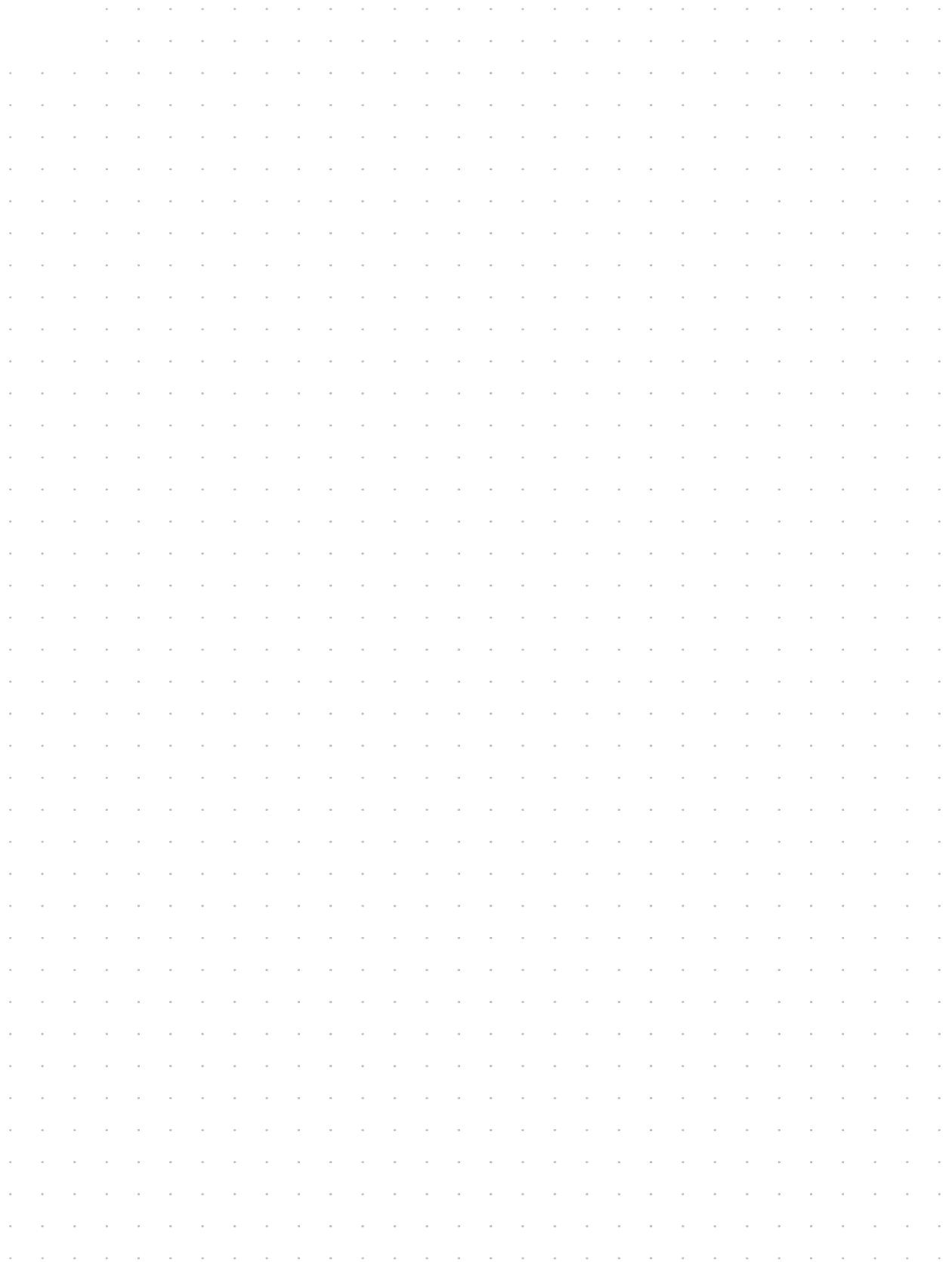
BE HONEST.
DOES THIS SEEM WORTHWHILE?

T

TIME BOUND

GIVE YOURSELF A DEADLINE. WHEN CAN I
ACCOMPLISH
THIS GOAL?

NOTES



MY NOTES

WEEK OF :

QUOTES

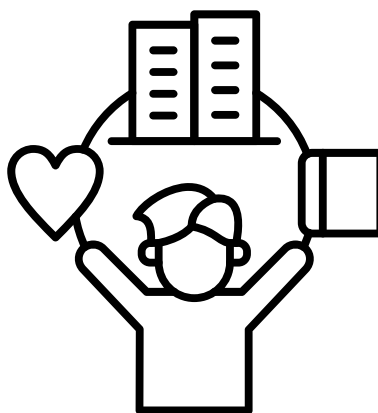
PERSONAL REMINDER

NEXT GOALS

ACTION STEPS

SELF-CARE

PLANNER



MY JOURNAL

HELLO JOURNAL, MY WEEK IS

JOURNAL QUESTIONS

DATE:

WHAT ARE FIVE SOURCES OF HAPPINESS FOR ME, AND HOW CAN I INTEGRATE THEM INTO MY DAILY SCHEDULE?

WHAT NEGATIVE THOUGHT PATTERNS DO I OFTEN FIND MYSELF IN, AND HOW CAN I EFFECTIVELY CONFRONT AND REFRAME THEM IN A MORE POSITIVE LIGHT?

JOURNAL QUESTIONS

DATE:

WHAT IS A SKILL OR ACTIVITY I'VE BEEN INTERESTED IN EXPLORING, AND HOW CAN I CARVE OUT TIME IN MY DAILY ROUTINE TO PURSUE IT?

WHAT STRENGTHS DO I POSSESS, AND HOW CAN I LEVERAGE THEM TO BOOST MY SELF-ASSURANCE AND ACHIEVE MY OBJECTIVES?

JOURNAL QUESTIONS

DATE:

WHAT ASPECTS OF MY LIFE BRING ME GRATITUDE, AND WHAT PRACTICES CAN I ADOPT TO NURTURE A CONSISTENT SENSE OF THANKFULNESS?

HOW CAN I CARE FOR MY PHYSICAL HEALTH WITH PROPER SLEEP, NUTRITION, AND REGULAR EXERCISE?

ACCOUNTABILITY

WRITE DOWN YOUR PROBLEMS

HAVE YOU CONTRIBUTED OR TRIED TO RESOLVE THEM?

WOULD SOLVING THIS IMPROVE LIVES SIGNIFICANTLY?

WHAT IMMEDIATE STEPS CAN YOU TAKE FOR BETTERMENT?

ACCOUNTABILITY

A SINGLE UPLIFTING THOUGHT IN THE MORNING HAS THE POTENTIAL TO TRANSFORM MY ENTIRE DAY. THEREFORE, AS I START TODAY, I EMBRACE A EMPOWERING MINDSET TO ESTABLISH A POSITIVE TONE, PAVING THE WAY FOR SUCCESS TO RESONATE IN EVERY MOMENT.

NOTES, THOUGHTS, OBSERVATIONS

SELF CARE PLANNER

DATE:

MY MORNING ROUTINE

MY EVENING ROUTINE

TODAY MY MEALS

TIME

WATER

TODAY MY MEALS	TIME	WATER
BREAKFAST		
LUNCH		
DINNER		
SNACK		

MY PRIORITIES

-
-
-

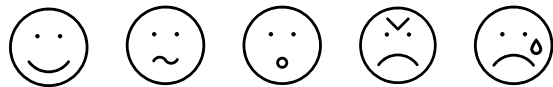
MY SCHEDULE

HEALTH SELF-CARE

FITNESS SELF -CARE

NOTES TO SELF

MY MOOD TODAY



DAILY CHECK-IN

QUOTE OF THE DAY

TODAY I'M GRATEFUL

TODAY'S MINI MILESTONES

I'M LOOKING FORWARD

TODAY'S AFFIRMATIONS

TODAY'S DOMINATION EMOTION

NOTES

TODAY

M T W T F S S

PRIORITIES

CHECKLISTS

MEAL PLAN

BREAKFAST

LUNCH

MEAL PLAN

DINNER

SNACKS

SLEEP

WATER



MEAL PLAN

NOTES

PRIORITIES

PAMPER ROUTINE

DATE : _____

WEEK : 1 2 3 4

BASIC SELF-CARE	M	T	W	T	F	S	S

PHYSICAL SELF-CARE	M	T	W	T	F	S	S

EMOTIONAL SELF-CARE	M	T	W	T	F	S	S

NOTES

A large area of dotted lines for writing notes.

DAILY GRATITUDE

DATE :

TODAY, I'M GRATEFUL FOR

M

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TODAY, I'M GRATEFUL FOR

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TODAY, I'M GRATEFUL FOR

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TODAY, I'M GRATEFUL FOR

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DAILY GRATITUDE

TODAY I AM GRATEFUL FOR.....

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

GRATITUDE BRAINSTORMING

DATE :

3 LITTLE THINGS TO BE GRATEFUL FOR

SAY SOMETHING NICE ABOUT YOURSELF

DAILY AFFIRMATION

WHAT WOULD MAKE TODAY GREAT?

HAPPY MEMORIES

LESSONS I LEARNED TODAY

PEOPLE I AM GRATEFUL FOR

MY MANTRA

HAPPINESS LEVEL

NOTES

GRATITUDE JAR



GROWTH MINDSET VS FIXED MINDSET

GROWTH MINDSET	FIXED MINDSET
<p>CHALLENGES</p> <p>Embraces challenges as opportunities for personal and professional growth, believing that facing difficulties leads to enhanced skills and understanding.</p>	<p>CHALLENGES</p> <p>Prefers to avoid challenges to maintain a sense of competence, often perceiving challenges as threats to existing abilities.</p>
<p>RESPONSE TO EFFORT</p> <p>Values effort as a crucial factor in achieving mastery, persisting through challenges and setbacks with the belief that dedication leads to improvement.</p>	<p>RESPONSE TO EFFORT</p> <p>Tends to give up easily when faced with obstacles, seeing challenges as insurmountable and effort as less impactful.</p>
<p>HANDLING CRITICISM</p> <p>Welcomes criticism as constructive feedback for personal development, understanding that feedback is a valuable tool for improvement.</p>	<p>HANDLING CRITICISM</p> <p>Takes criticism personally, feeling threatened by feedback and potentially resisting opportunities for growth.</p>
<p>DEALING WITH SETBACKS</p> <p>Views setbacks as temporary and integral to the learning process, focusing on extracting lessons and resilience to overcome future challenges.</p>	<p>DEALING WITH SETBACKS</p> <p>Dwells on setbacks, interpreting them as reflections of personal failure, and may be hesitant to attempt the same challenges again.</p>
<p>INTELLIGENCE AND ABILITIES</p> <p>Believes that intelligence and abilities are developed through dedication and hard work, fostering a continual desire to learn and improve.</p>	<p>INTELLIGENCE AND ABILITIES</p> <p>Holds the belief that intelligence and abilities are fixed traits, resistant to significant change.</p>
<p>OVERALL OUTLOOK</p> <p>Maintains a positive outlook, focusing on solutions and improvements, and remains open to the possibilities of personal and professional growth.</p>	<p>OVERALL OUTLOOK</p> <p>Tends to have a negative outlook, emphasizing limitations and potential failures, potentially hindering progress and development.</p>

FEAR SETTING

WHAT ACTION DO YOU WISH TO TAKE?

THE WORST OUTCOMES

HOW TO PREVENT

HOW TO FIX

WHAT WILL HAPPEN LONG-TERM (1 YEAR, 5 YEARS, 10 YEARS+) IF I DON'T TAKE THIS ACTION?

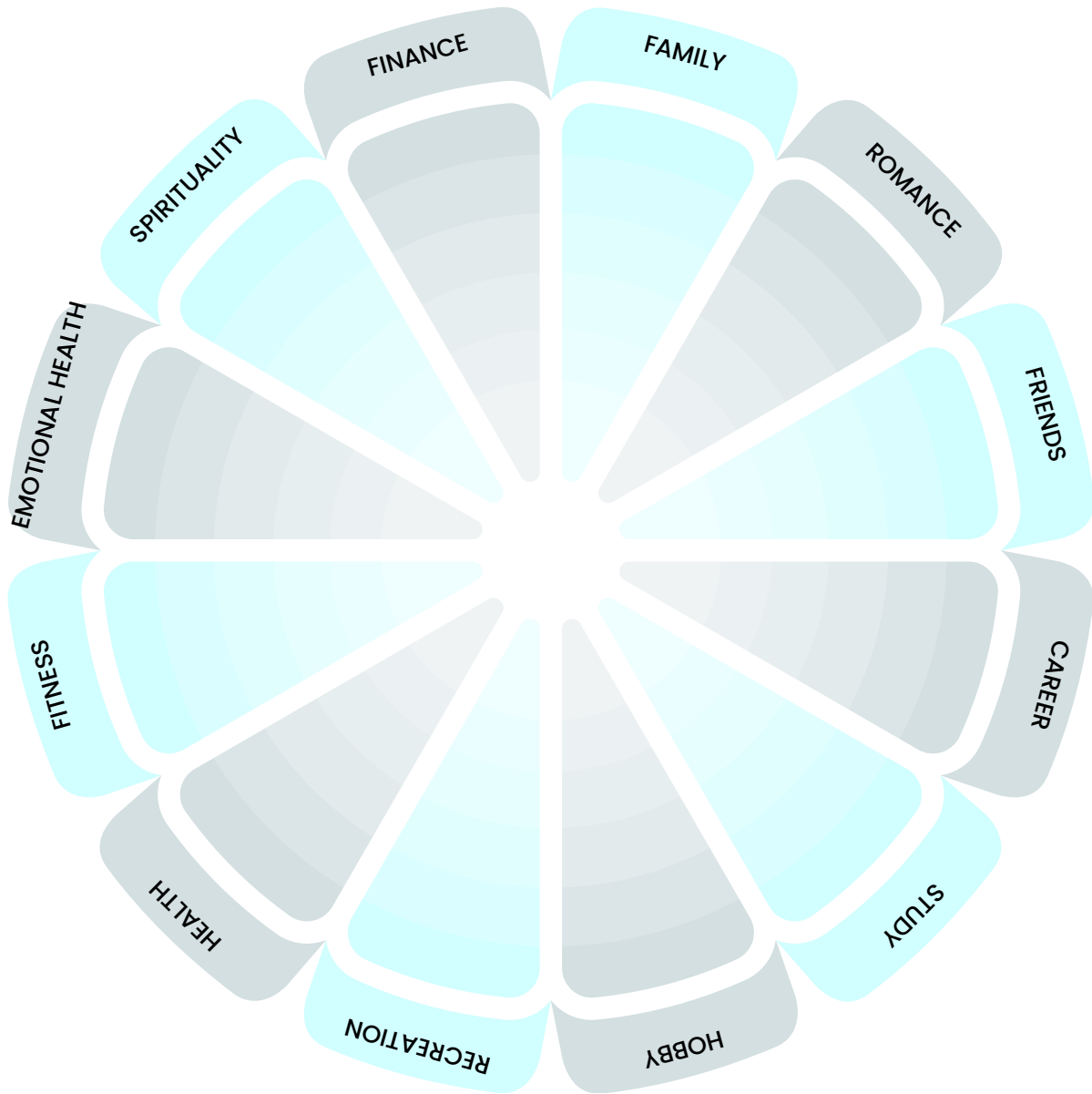
LEVEL 10 LIKES

FAMILY/ FRIENDS	1	2	3	4	5	6	7	8	9	10
SELF DEVELOPMENT	1	2	3	4	5	6	7	8	9	10
SPIRITUALITY	1	2	3	4	5	6	7	8	9	10
FINANCES	1	2	3	4	5	6	7	8	9	10
CAREER	1	2	3	4	5	6	7	8	9	10
RELATIONSHIPS	1	2	3	4	5	6	7	8	9	10
RECREATION	1	2	3	4	5	6	7	8	9	10
GIVING	1	2	3	4	5	6	7	8	9	10
ENVIRONMENT	1	2	3	4	5	6	7	8	9	10
HEALTH	1	2	3	4	5	6	7	8	9	10

NOTES ON HOW TO INCREASE

--

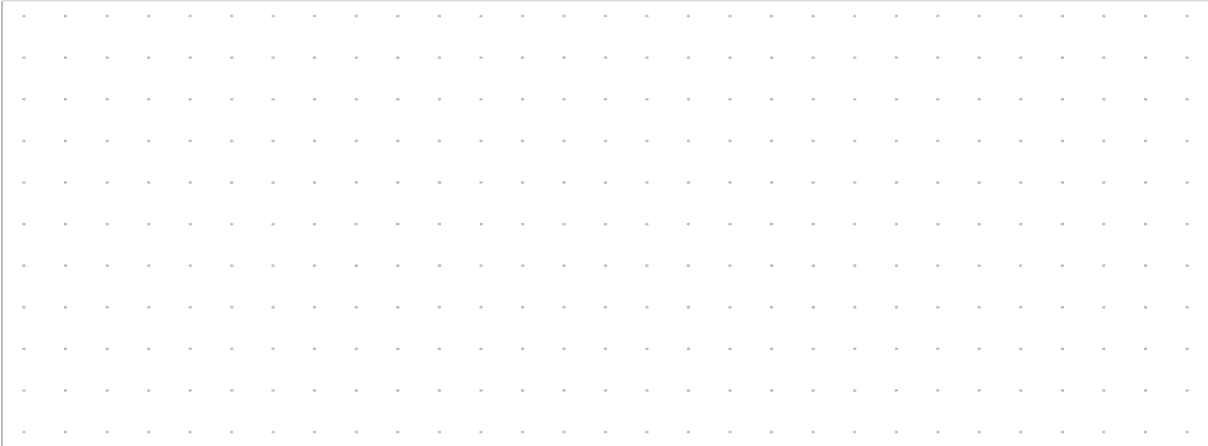
WHEEL OF LIFE



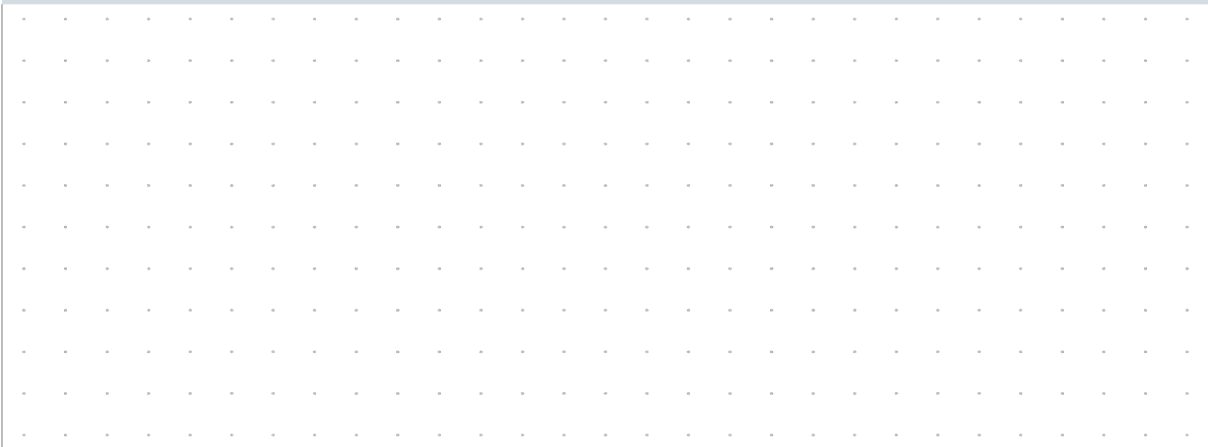
ASSESS HOW SATISFIED YOU ARE WITH YOUR LIFE IN EACH AREA

SELF-LOVE QUESTIONS

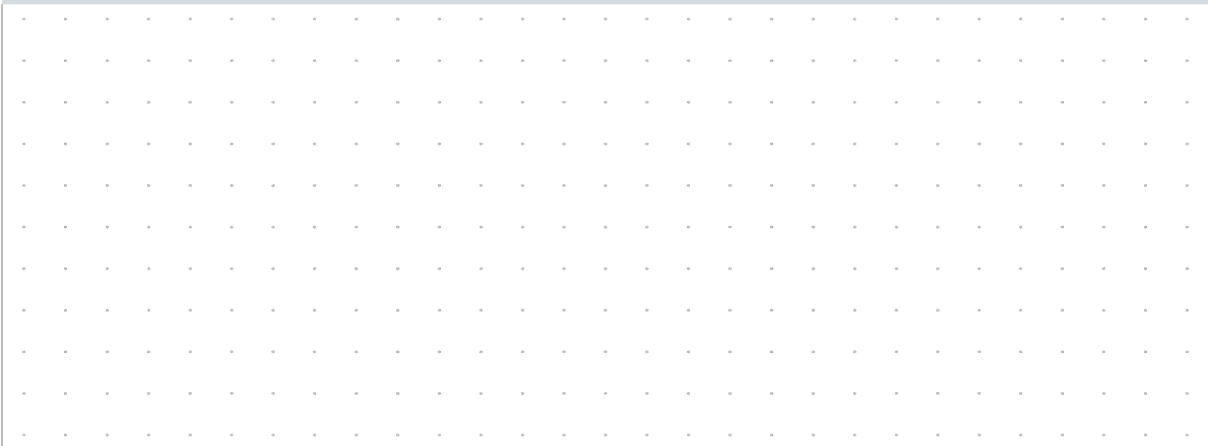
WHAT DO I LOVE MOST ABOUT MYSELF?



HOW IMPORTANT IS MY OWN HAPPINESS?



IN WHAT WAYS DO I SHOW LOVE FOR MYSELF?



SELF-LOVE GROWTH

WEEK OF :

M

T

W

T

F

S

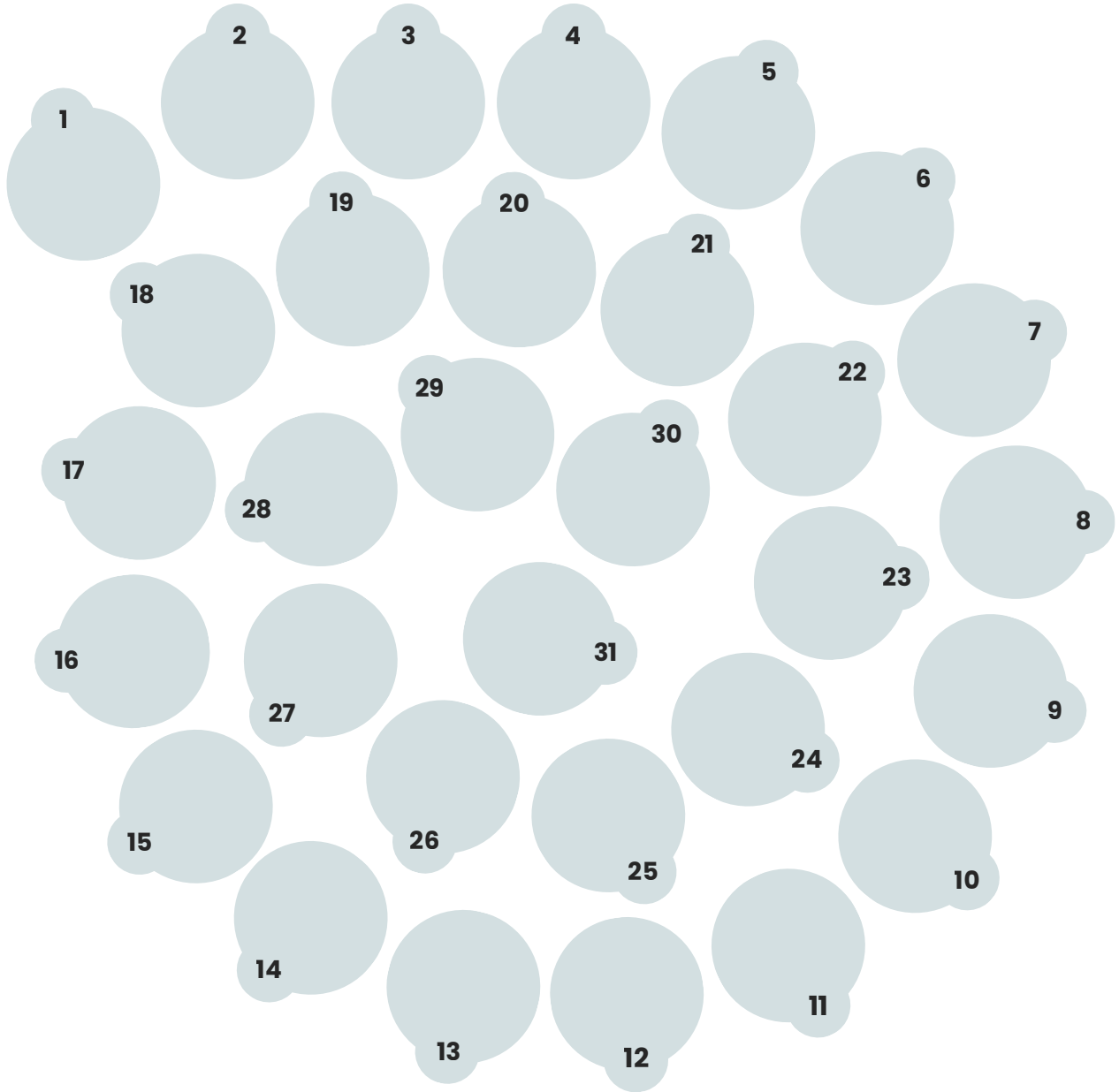
S





NEW SKILLS TO ACQUIRE

REFLECTION

HEALTHY HABITS

MOOD TRACKER



 ANGRY	 HAPPY	NOTES
 SAD	 STRESSED	

SELF-CARE ASSESSMENT

I EAT HEALTHY FOODS REGULARLY



I GET AN ADEQUATE AMOUNT OF SLEEP



I EXERCISE REGULARLY



I REST WHEN I'M SICK



I TAKE ENOUGH TIME OFF WORK



I HAVE HOBBIES AND PASSIONS THAT I ENJOY



I SPEAK OPENLY ABOUT MY PROBLEMS



I SPEND TIME WITH FRIENDS AND FAMILY



I WORK ON MY PERSONAL GROWTH



I AM CONFIDENT IN MY CORE SKILLS



I'M HAPPY WITH MY WORK



I WORK ON MY PROFESSIONAL SKILLS



WEEKLY SELF-CARE

WEEK OF:

MON

TUE

WED

THU

FRI

SAT

SUN

FOCUS PLANNER

DATE:

MAIN FOCUS:

START DATE:

END DATE:

BREAKDOWN OF MAIN FOCUS

SMALLER TASKS TO ACCOMPLISH

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NOTES

LETTER TO MYSELF

DATE:

MONTH:

YEAR:

A large grid of small dots for writing, consisting of 20 columns and 25 rows of dots, providing a guide for letter height and placement.

MORNING AFFIRMATION

TODAY I AM FEELING...

TODAY I AM GOTING TO...

TODAY I AM LOOKING FORWARD TO...

MY AFFIRMATION TODAY

MY DREAMS

MAINTAIN YOUR FOCUS, PURSUE YOUR DREAMS, AND CONTINUE
PROGRESSING TOWARDS YOUR GOALS.

A series of horizontal dotted lines for writing, arranged in a regular grid pattern across the page.

THINGS THAT MAKE ME HAPPY

MY FAVORITE BOOKS

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

MY FAVORITE SONGS

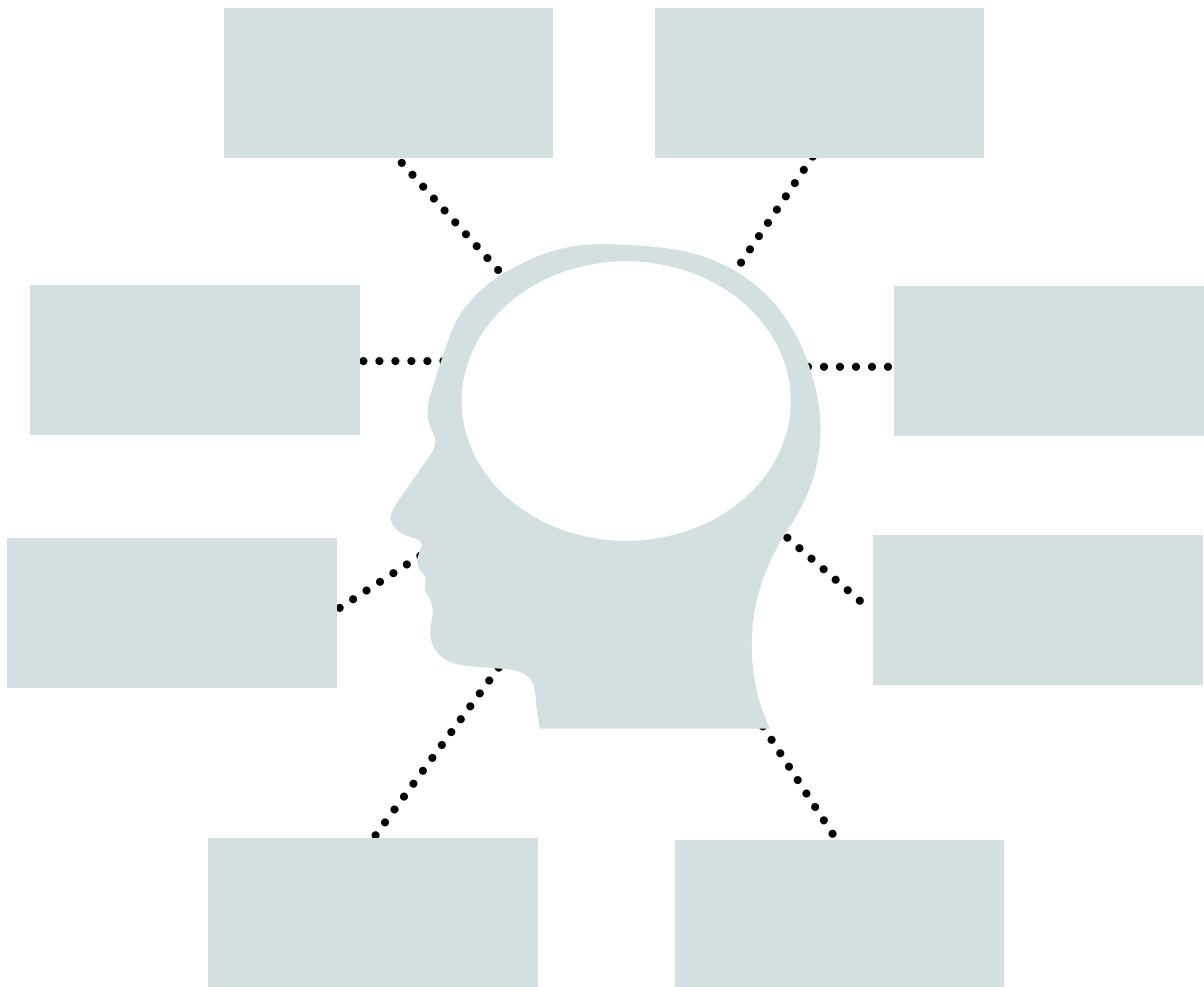
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MY FAVORITE GAMES

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POSITIVE THINKING

INSTEAD OF FRETTING OVER THINGS BEYOND YOUR CONTROL, REDIRECT
YOUR ENERGY TOWARDS WHAT YOU CAN ACTIVELY CREATE AND
INFLUENCE.



WEEKLY SELF-REVIEW

DATE:

MONTH:

YEAR:

HOW WAS THE WEEK?

FELT GRATEFUL FOR:

SMALL WINS

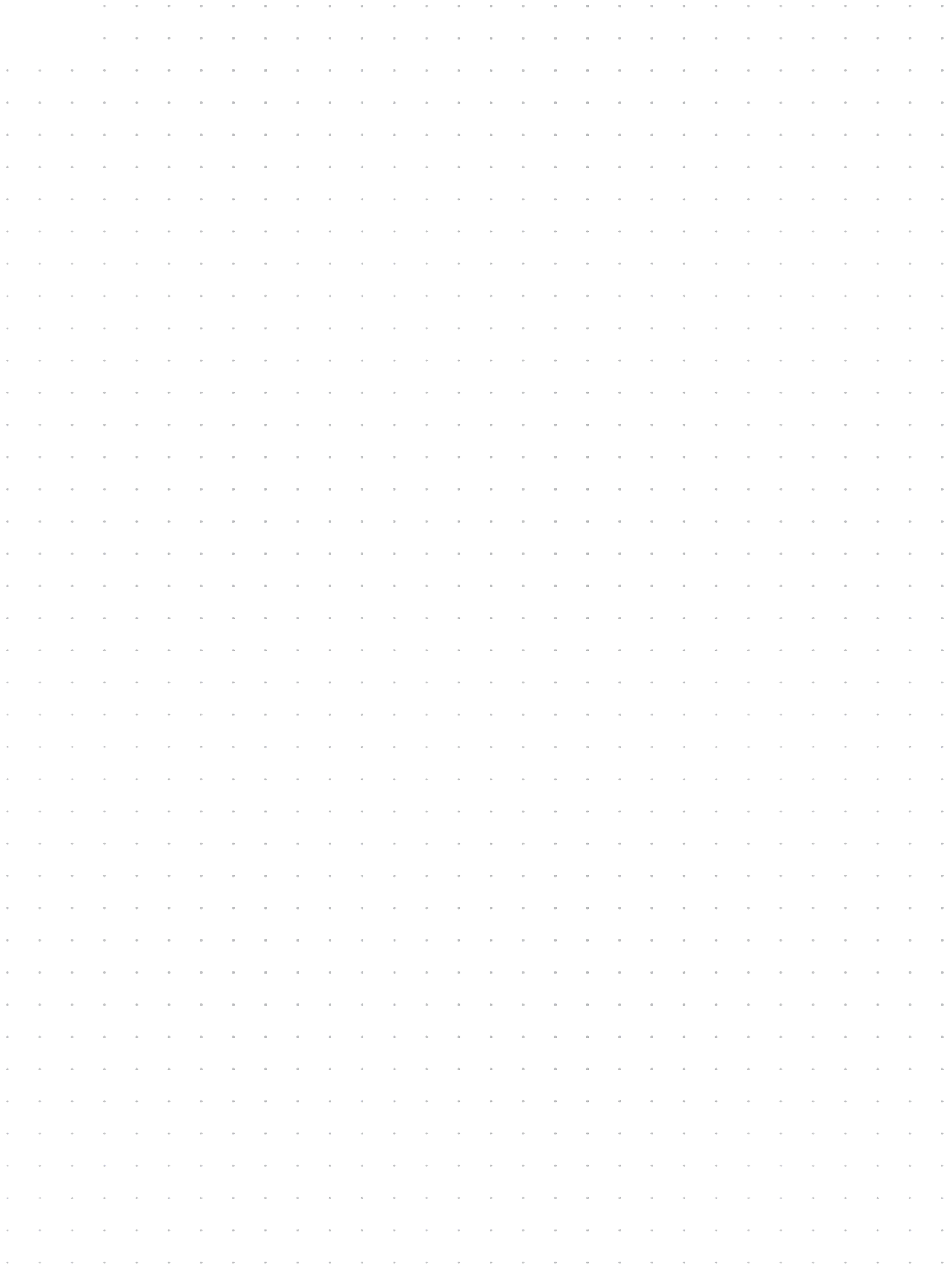
THINGS I HAVE IMPROVED ON:

TASK IN PROGRESS

THINGS NOT WORKING
WELL THIS WEEK:

WHAT TO NOTE THIS WEEK:

NOTES



MY NOTES

WEEK OF :

QUOTES

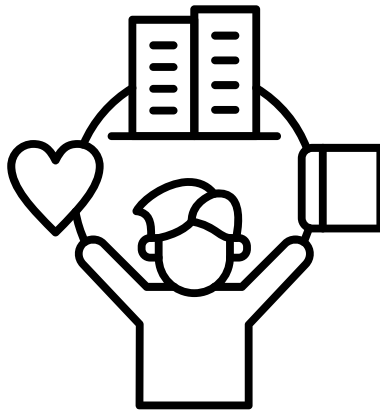
PERSONAL REMINDER

NEXT GOALS

ACTION STEPS

CLEANING

PLANNER



CLEANING CHORE LIST

BATHROOMS

KITCHEN

PANTRY

DINING ROOM

BEDROOMS

LIVING ROOM

LAUNDRY

YARD

GARAGE

CHORES ASSIGNMENT

DAD	DAILY CHORES	WEEKLY CHORES

MOM	DAILY CHORES	WEEKLY CHORES

KID1	DAILY CHORES	WEEKLY CHORES

KID2	DAILY CHORES	WEEKLY CHORES

KID3	DAILY CHORES	WEEKLY CHORES

DAILY DUTIES

NAME:

MORNING:

AFTERNOON:

EVENING:

NAME:

MORNING:

AFTERNOON:

EVENING:

NAME:

MORNING:

AFTERNOON:

EVENING:

NAME:

MORNING:

AFTERNOON:

EVENING:

NAME:

MORNING:

AFTERNOON:

EVENING:

NAME:

MORNING:

AFTERNOON:

EVENING:

CHORE SCHEDULE

DATE:

7 A.M.

8 A.M.

9 A.M.

10 A.M.

11 A.M.

12 P.M.

1 P.M.

2 P.M.

3 P.M.

4 P.M.

5 P.M.

6 P.M.

7 P.M.

8 P.M.

9 P.M.

10 P.M.

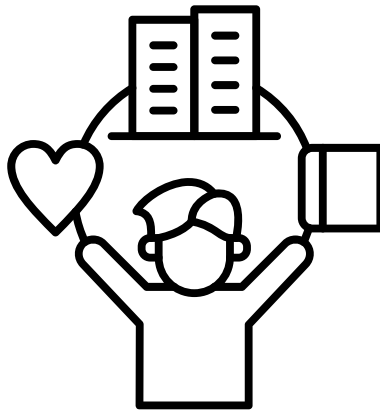
PRIORITIES:

APPOINTMENTS:

FOR TOMORROW:

FITNESS

PLANNER



MY FITNESS GOALS

STARTING DATE :

DATE :

MOTIVATIONS

DAY	GOALS	START
CHEST		
ARM		
WAIST		
HIPS		
BMI		
WEIGHT		
BODY FAT		
MUSCLE		

MY TOP FITNESS GOALS

BAD HABITS TO CUT

GOOD HABITS TO KEEP

WORKOUT PLANNER

WEEKLY WORKOUT OVERVIEW					FLEXIBILITY AND STRETCHING ROUTINE	
DAY	CARDIO	STRENGTH TRAINING	FLEXIBILITY	REST	DATE	STRETCHING EXERCISE
MON					DURATION (MIN)	STRETCH INTENSITY (1-10)
TUE						
WED						
THU						
FRI						
SAT						
SUN						

WEEKLY SCHEDULE							
TIME	MON	TUE	WED	THU	FRI	SAT	SUN

WEEKLY GOALS AND REFLECTION				STRENGTH TRAINING LOG
WEEK STARTING	WEEKLY GOALS	ACHIEVEMENTS	AREAS FOR IMPROVEMENT	DATE:

				SETS X REPS: _____
				EXERCISE: _____

MONTHLY PROGRESS TRACKER			
MONTH	WEIGHT (LBS/KG)	BODY FAT (%)	MEASUREMENTS (CHEST, WAIST, HIPS, ETC.)

WEIGHT (LBS/KG): _____
REST TIME (SEC): _____

DAILY WORKOUT PLAN

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
ACTIVITIES		REPS		

WEEKLY PLANNER

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REMINDER
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NOTES

CALORIES TRACKER

MONTH:

GOAL:

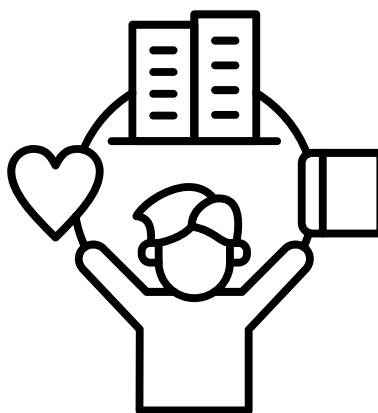
DAY	BREAKFAST	LUNCH	DINNER	SNACK
MON				
TUE				
WED				
THU				
FRI				
SA T				
SUN				

BODY MEASUREMENT TRACKER

	DAY 1	DAY 11	DAY 21	
NECK				
CHEST				
LEFT ARM				
RIGHT ARM				
WAIST				
HIPS				
LEFT THIGH				
RIGHT THIGH				
LEFT CALF				
RIGHT CALF				
WEIGHT				

HEALTH

PLANNER



HEALTH APPOINTMENT

DATE:

DOCTOR NAME:

QUESTIONS TO ASK:

.....

.....

.....

APPOINTMENTS:

TO REMEMBER:

MEDICAL APPOINTMENT

DATE	DESCRIPTION	DOCTOR	NOTES
------	-------------	--------	-------

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APPOINTMENT NOTES

SLEEP TRACKER

MONTH: _____

	MON	TUE	WED	THU	FRI	SAT	SUN
SLEEP							
HOURS							
WAKE UP							
MOOD							

NOTES

A large area of dotted lines for writing notes.

BLOOD SUGAR TRACKER

WEEK:

DATE:

MON	TUE	WED	THU	FRI	SAT	SUN	
B A	B A	B A	B A	B A	B A	B A	
							1
							2
							3
							4

WEEK :

DATE :

MON	TUE	WED	THU	FRI	SAT	SUN	
B A	B A	B A	B A	B A	B A	B A	
							1
							2
							3
							4

NOTE:

B = BEFORE

A = AFTER

ANXIETY TRACKER

DATE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
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3												
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30												
31												

NOT
ANXIOUS

A LITTLE
ANXIOUS

SOMEWHAT
ANXIOUS

PRETIY
ANXIOUS

VERY
ANXIOUS

EXTREMELY
ANXIOUS

ANXIETY TRIGGER TRACKER

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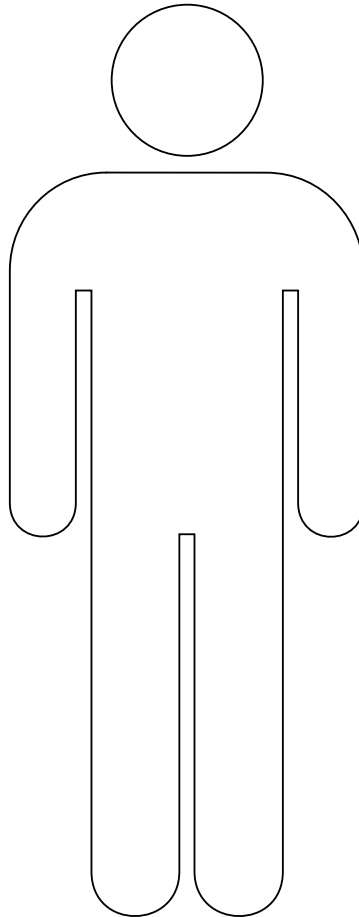
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TRIGGER PROCESSING

WHEN TRIGGERED, WHERE ARE YOU
HOLDINGS STRESS AND TENSION?

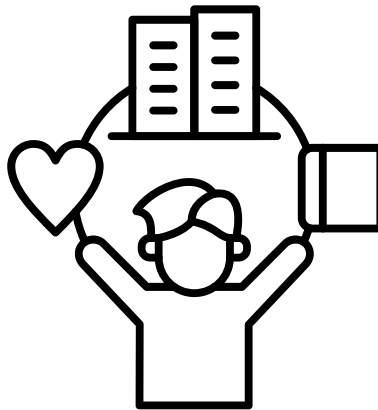


PHYSICAL SYMPTOMS MANIFESTED
BECAUSE OF MY EMOTIONAL STRESS

TRIGGER COPING CARDS

<p>TAKE DEEP BREATHS</p>	<p>BECOME AWARE OF YOUR TRIGGERS</p>
<p>PLAN A COPING STRATEGY FOR YOUR TRIGGERS</p>	<p>PRACTICE REGULAR MEDITATION</p>
<p>KEEP A JOURNAL</p>	<p>SHARE YOUR FEELINGS WITH A FRIEND/PARTNER/THERAPIST</p>

MEAL PLANNER



WEEKLY MEAL PLAN

LUNCH

DINNER

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

NOTES

GROCERY LIST

-
-
-
-
-

WEEKLY MEAL PLAN

MONDAY	TUESDAY	WEDNESDAY
BREAKFAST	BREAKFAST	BREAKFAST
LUNCH	LUNCH	LUNCH
DINNER	DINNER	DINNER
SNACKS	SNACKS	SNACKS
DRINKS	DRINKS	DRINKS

THURSDAY	FRIDAY	SATURDAY
BREAKFAST	BREAKFAST	BREAKFAST
LUNCH	LUNCH	LUNCH
DINNER	DINNER	DINNER
SNACKS	SNACKS	SNACKS
DRINKS	DRINKS	DRINKS

SUNDAY	MEAL IDEAS
BREAKFAST	
LUNCH	
DINNER	
SNACKS	
DRINKS	

WEEKLY MEAL PLAN

MONTH - _____

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

MEAL PLANNER

WEEK : _____

DATE : _____

MONDAY	
B	
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D	
S	

SATURDAY	
B	
L	
D	
S	

TUESDAY	
B	
L	
D	
S	

NOTES

WEDNESDAY	
B	
L	
D	
S	

Notes section consisting of 10 horizontal light blue bars for writing.

THURSDAY	
B	
L	
D	
S	

FRIDAY	
B	
L	
D	
S	

SHOPPING LIST

MEAT

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

FISH

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

FRUIT & VEG

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

_____	<input type="checkbox"/>
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FROZEN

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BAKERY

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PANTRY

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HOUSEHOLD

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

OTHER

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

FOOD JOURNAL

M T W T F S S

DATE: _____

BREAKFAST	SIZE	CARBS	FATS	PROTEIN	CALORIES	NOTES

LUNCH	SIZE	CARBS	FATS	PROTEIN	CALORIES	NOTES

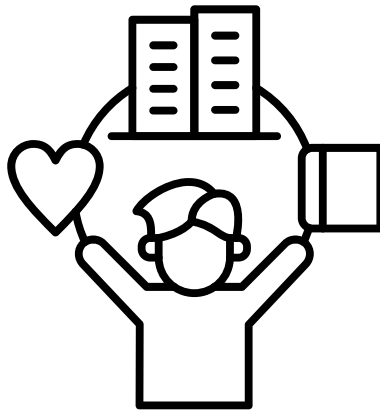
DINNER	SIZE	CARBS	FATS	PROTEIN	CALORIES	NOTES

SNACKS	SIZE	CARBS	FATS	PROTEIN	CALORIES	NOTES

DAILY TOTAL						
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MY PET

PLANNER



PET GROOMING RECORD

PET'S NAME:

BREED:

DATE	GROOMER	CARD DETAILS	FEE

ADDITIONAL NOTES

VET VISITING RECORD

PET'S NAME:

BREED:

TIME	LOCATION	REASON FOR VISIT	DIAGNOSISE

ADDITIONAL NOTES:

PET MEDICATION RECORD

PET'S NAME:

BREED:

DATE	TIME	MEDICATION	FREQUENCY	DOSAGE

ADDITIONAL NOTES:

DAILY PET PLANNER

MEALS & TREATS

MORNING

AFTERNOON

EVENING

DAY OF THE WEEK

M T W T F S S

TO DO



TRAINING



NOTES

PET'S NAME:

04 AM

05 AM

06 AM

07 AM

08 AM

09 AM

10 AM

11 AM 12

PM 01

PM 02

PM 03

PM 04

PM 05

PM 06

PM 07

PM 08

PM 09

PM 10

PM 11

PM

12AM

PET RELATED CONTACTS

VET:			
NAME:		WORKING HOURS:	
MOBILE:		PHONE:	
ADDRESS:			

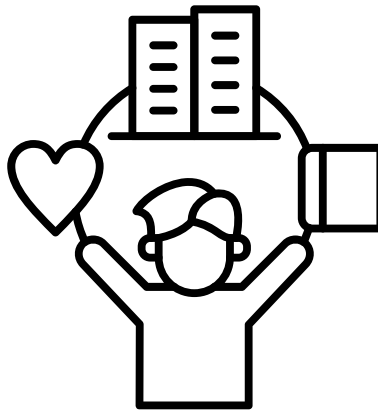
PET SHOP:			
NAME:		WORKING HOURS:	
MOBILE:		PHONE:	
ADDRESS:			

GROOMING:			
NAME:		WORKING HOURS:	
MOBILE:		PHONE:	
ADDRESS:			

PET SITTER / WALKER:			
NAME:		WORKING HOURS:	
MOBILE:		PHONE:	
ADDRESS:			

FINANCE

PLANNER



INCOME GOALS 2026

MONTH	INCOME	EXPENSES	PROFIT	COMMENTS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTAL				

Which months were the best and worst and why?

--

INCOME GOALS 2027

MONTH	INCOME	EXPENSES	PROFIT	COMMENTS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTAL				

Which months were the best and worst and why?

--

INCOME GOALS 2028

MONTH	INCOME	EXPENSES	PROFIT	COMMENTS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTAL				

Which months were the best and worst and why?

--

PAYCHECK BUDGET

INCOME		
DATE	SOURCE	AMOUNT

BILLS	DATE	AMOUNT	PAID
TOTAL			

EXPENSES	DATE	AMOUNT	PAID
TOTAL			

SINKING FUND	DATE	AMOUNT	PAID
TOTAL			

DEBT	AMOUNT
TOTAL	

SAVINGS	AMOUNT
TOTAL	

SUMMARY	AMOUNT
[+] INCOME	
[-] BILLS	
[-] EXPENSES	
[-] SAVINGS	
[-] SINKING FUND	
[-] DEBT	
TOTAL	

SAVINGS TRACKER

YEAR OF	SAVING FOR	AMOUNT NEEDED
<input type="text"/>	<input type="text"/>	<input type="text"/>

MONTH	WEEK 1	WEEK 2	WEEK 3	WEEK 4	TOTAL
JANUARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEBRUARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MARCH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
APRIL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JUNE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JULY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AUGUST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SEPTEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCTOBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NOVEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DECEMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIAL CALENDAR

MONTH: _____ YEAR: _____

MON	TUE	WED	THU	FRI	SAT	SUN

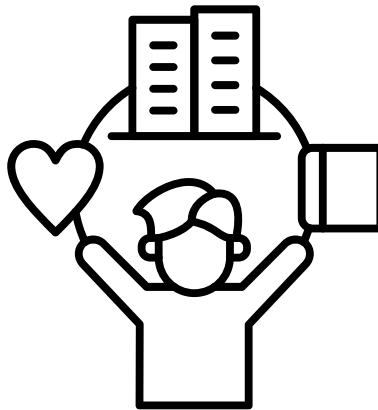
NOTES

ANNUAL OVERVIEW

YEAR:

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

STUDY PLANNER



DAILY STUDY PLAN

MO TU WE TH FR SA SU

STUDY HOURS			
EXPECTED	HOUR		MINUTES
ACTUAL	HOUR		MINUTES

TODAY'S SUBJECT

DEADLINES

STUDY PROGRESS

TIME TABLE	
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GOALS

NOTES & DOODLES

STUDY PLANNER

YEAR:	SEMESTER:	TERM:
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STUDY/MODULE	TOPIC	DUE	REVISION NEEDED? Y N	DONE
			<input type="radio"/> Y <input type="radio"/> N	<input type="checkbox"/>
			<input type="radio"/> Y <input type="radio"/> N	<input type="checkbox"/>
			<input type="radio"/> Y <input type="radio"/> N	<input type="checkbox"/>
			<input type="radio"/> Y <input type="radio"/> N	<input type="checkbox"/>
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			<input type="radio"/> Y <input type="radio"/> N	<input type="checkbox"/>

NOTES

WEEKLY STUDY PLAN

WEEK OF:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FRIDAY	SATURDAY	SUNDAY	NOTES

CHAPTER SUMMARY

MODULE/SUBJECT:

DATE:

BOOK:

AUTHOR:

PAGES STUDIED:

CHAPTER #:

TITLE/TOPIC:

SUMMARY + KEY

NOTES

REVISION NEEDED

YES NO

UNDERSTANDING

① ② ③ ④ ⑤
⑥ ⑦ ⑧ ⑨ ⑩

ASSIGNMENT WORKSHEET

YEAR:

SEMESTER:

TERM:

ASSIGNMENT:

MODULE/SUBJECT:

SUBMISSION DATE:

OVERVIEW

2 WEEK PLANNER

TO DO

PROGRESS

25 % 50 %

75 % 100 %

COMPLETED

SUBMITTED

POMODORO WORKSHEET

DATE:

Mo Tu We Th Fr Sa Su

WEEK: /52

TOP 3 TASKS	TARGET SESSIONS	ACTUAL SESSIONS	TOTAL TIME
1.	#	#	:
2.	#	#	:
3.	#	#	:

START	END	ACTIONS
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
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:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	
:	:	

NOTES

TOTAL # ACTIONS: _____

TOTAL # BREAKS: _____

TOTAL # PROJECTS: _____

PRODUCTIVITY RATE

1	2	3	4	5
6	7	8	9	10

EXAM PREP SHEET

CLASS/MODULE:	EXAM DATE:		
There are	months	weeks	days left before exam.

SUBJECT/MODULE: _____

MAIN TOPIC: _____

REVISION METHOD/S		
<input type="radio"/> READ	<input type="radio"/> SUMMARIZE	<input type="radio"/> HIGHLIGHTS
<input type="radio"/> TAKE NOTES	<input type="radio"/> MIND MAP	<input type="radio"/> FLASH CARDS
<input type="radio"/> RECORD VOICE	<input type="radio"/> QUIZ	<input type="radio"/> MEMORIZE
<input type="radio"/> CASE STUDY/ SCENARIO	<input type="radio"/> PRACTICE SHEETS	<input type="radio"/> OTHER

TASK	DUE DATE	REVISION NEEDED? Y N	DONE
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>
_____	_____	<input type="radio"/> <input type="radio"/>	<input type="checkbox"/>

NOTES

EXAM REVISION

CLASS/MODULE:	EXAM DATE:
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TOPIC:	UNDERSTANDING: ☆ ☆ ☆ ☆ ☆
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TO DO	DATE		REMARK

CLASS/MODULE:	EXAM DATE:
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TOPIC:	UNDERSTANDING: ☆ ☆ ☆ ☆ ☆
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TO DO	DATE		REMARK

CLASS/MODULE:	EXAM DATE:
---------------	------------

TOPIC:	UNDERSTANDING: ☆ ☆ ☆ ☆ ☆
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TO DO	DATE		REMARK

HOMWORK TRACKER

DEADLINE:

SUBJECT:

ASSIGNMENT:

DESCRIPTION

RESOURCES

NOTES

TASK

M

T

W

T

F

S

S

SUBJECT LESSON PLAN

YEAR/SEMESTER:

SUBJECT:

UNIT:

LESSON:

TOPICS

OBJECTIVES

ACTIVITIES

MATERIALS AND RESOURCES

NOTES

LECTURE SCHEDULE

SEMESTER:

SUBJECT:

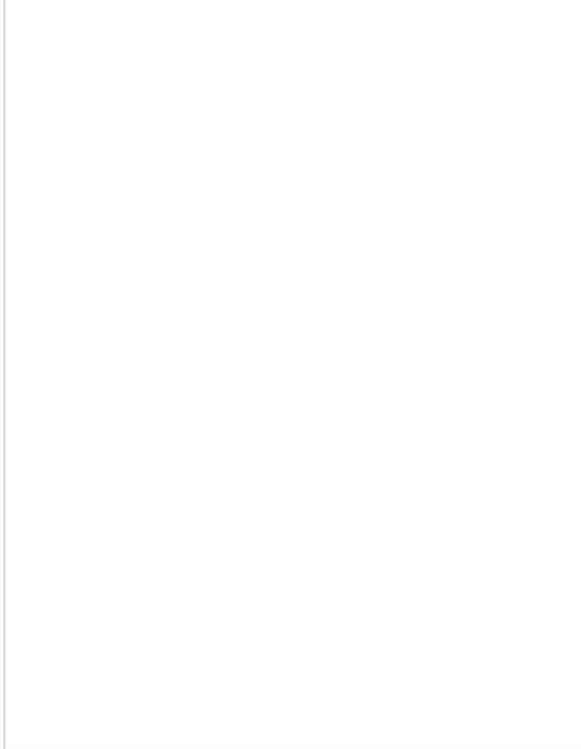
TIME	MON	TUE	WED	THU	FRI	SAT	SUN
07:00							
07:30							
08:00							
08:30							
09:00							
09:30							
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11:30							
12:00							
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13:30							
14:00							
14:30							
15:00							
15:30							

IMPORTANT

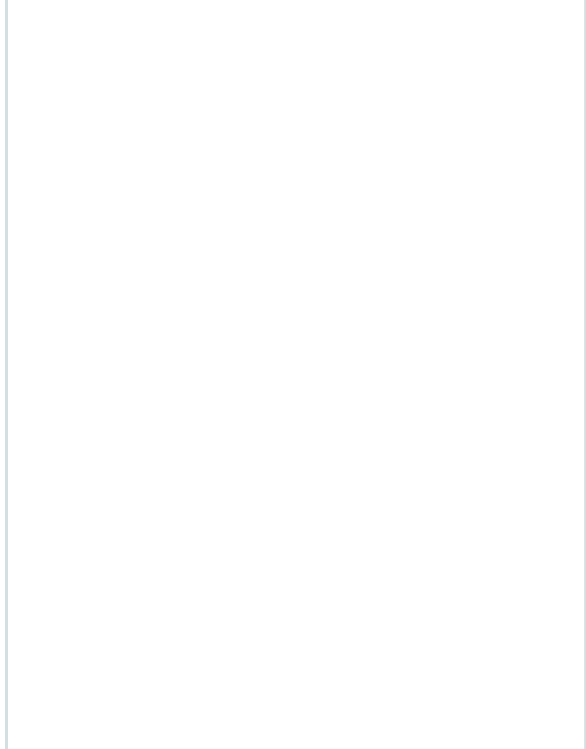
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ASSIGNMENT PLANNER

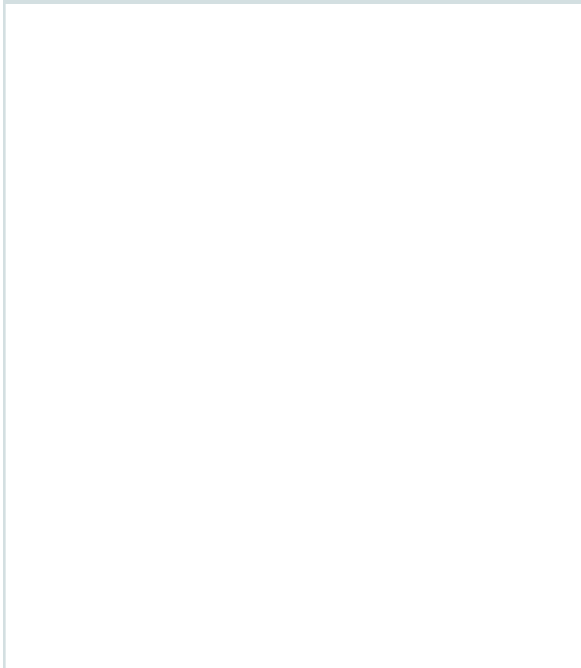
NOTES



OVERVIEWS



NOTES



TO DO LIST



STUDY CHALLENGE

