

NOTE FROM UPSTRIDER, ANNE.

“

I'm on a mission to make Upstrider® the 'big brother/sister' I've never had myself when starting out. Someone to rely on, speak to, and learn from.

I'm speaking to ambitious souls, those who have huge dreams, unrealised potential and are determined to become the best they can be.

I've built Upstrider to guide people becoming who they want to be by pushing through their self-beliefs, so they can build a strong online brand and monetise their past experiences, their skills, their traumas and passions.

I really struggled, and learned everything the hard way with trials, errors, and long late nights. In less than 2 years, I have built 2 brands from scratch and brought them both to 1m.

I started with NOTHING, always worked a 9-5 and grew up with a very low self-confidence!

No saved money, no skills, and absolutely no business knowledge.

IF I DID it myself, you can too. There is nothing special about me.

I'm taking you with me now, this is your turn to build a life on your own terms.

”

GO BEYOND...

READY TO START
GENERATING 30 DAILY SALES?



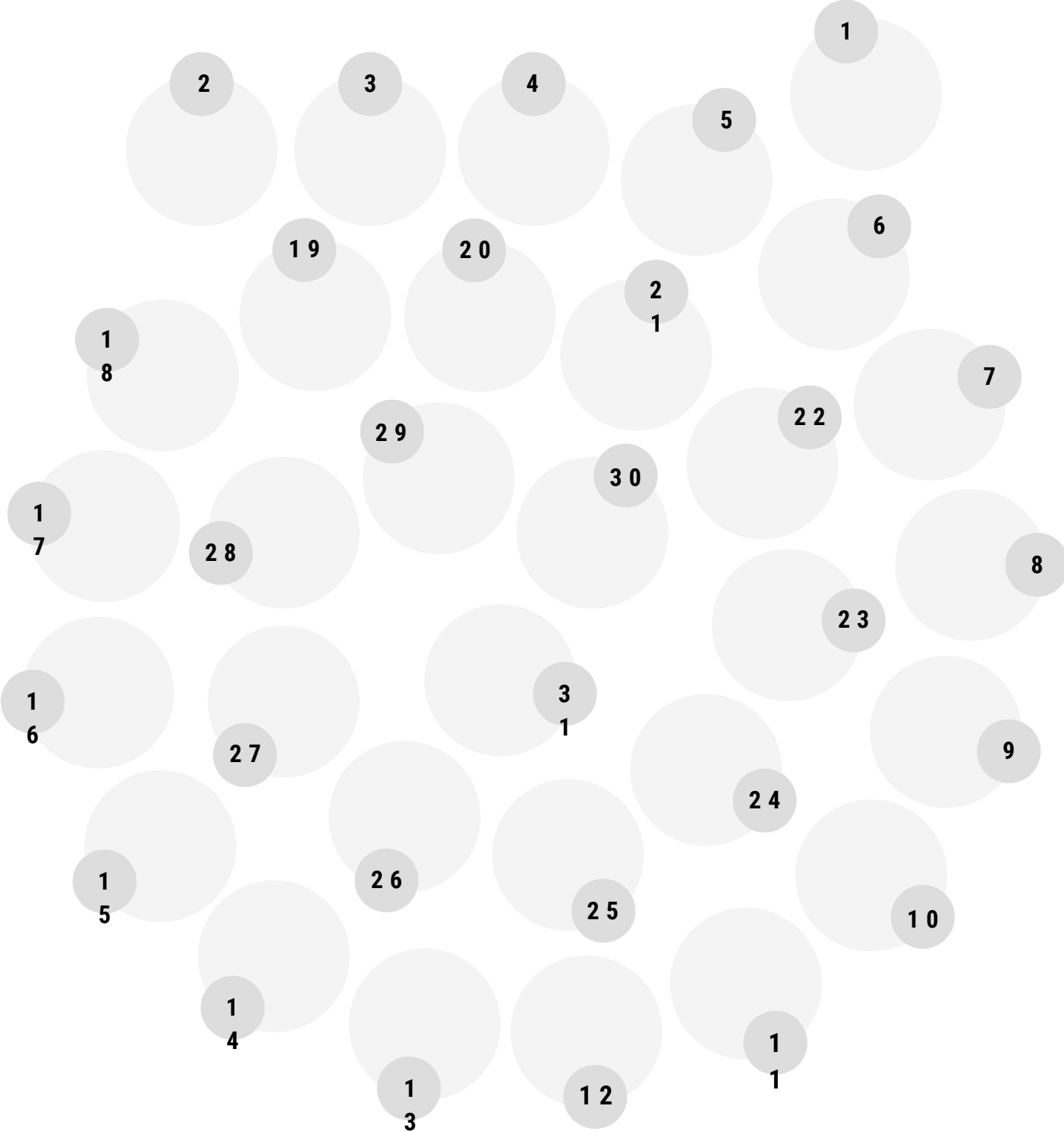
30+



[DISCOVER](#)



UPSTRIDER®

MOOD TRACKER



	ANGRY		HAPPY
	SAD		STRESSED

NOTES

END OF WEEK MOOD TRACKER

MONTH:

3 THINGS
THAT MADE ME
FEEL GOOD
THIS WEEK

-
-
-

M T W T F S S

DID I SLEEP WELL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I EAT HEALTHY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I EXERCISE ENOUGH?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I DO MY CHORES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I FEEL CONFIDENT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I FEEL FULFILLED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM I PROUD OF MYSELF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I FEEL LOVED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I FEEL STRONG?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MY MORNING ROUTINE

MORNING ROUTINE

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

GOALS

PERSONAL TIME

MINDFUL AWARENESS

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 20 columns and 25 rows of small dots, intended for writing a letter to oneself.

MORNING AFFIRMATION

TODAY I AM FEELING...

TODAY I AM GOING TO...

TODAY I AM LOOKING FORWARD TO...

MY AFFIRMATION TODAY

MY DREAMS LIST

MY DREAM

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MORNING ROUTINE

MY MORNING ROUTINE

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MY BUCKET LIST 2023

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MY BUCKET LIST 2024

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WEEKLY SELF REVIEW

DATE:

YEAR:

MONTH:

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:

CLEANING CHORE LIST

BATHROOMS

KITCHEN

PANTRY

DINING ROOM

BEDROOMS

LIVING ROOM

LAUNDRY

YARD

GARAGE

DAILY CHORE CHART

CHORES	MON	TUE	WED	THU	FRI	SAT	SUN
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DAILY SELF-CARE

MORNING TASKS

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NIGHT TASKS

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PRIORITY LIST

Date:

HIGH PRIORITY

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LOW PRIORITY

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

Notes

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

PERIOD TRACKER

KEY

CYCLE LENGTHS

<i>JAN</i>		<i>JUL</i>	
<i>FEB</i>		<i>AUG</i>	
<i>MAR</i>		<i>SEPT</i>	
<i>APR</i>		<i>OCT</i>	
<i>MAY</i>		<i>NOV</i>	
<i>JUN</i>		<i>DEC</i>	

AVERAGE PERIOD LENGTH -

NOTES

	<i>J</i>	<i>F</i>	<i>M</i>	<i>A</i>	<i>M</i>	<i>J</i>	<i>J</i>	<i>A</i>	<i>S</i>	<i>O</i>	<i>N</i>	<i>D</i>
1												
2												
3												
4												
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31												

EMERGENCY CONTACTS

Doctor/GP:

Paediatrician:

Ambulance:

Police:

Fire:

Dentist:

Vet:

Gynaecologist:

Psychologist:

Psychiatrist:

Plumber:

First aid kit location:

Name	Relation/reason	Contact

TODAY I AM GRATEFUL FOR...

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

GRATITUDE BRAINSTORMING

DATE :

3 LITTLE THINGS TO BE
GRATEFUL FOR

■
■
■

DAILY AFFIRMATION

--

HAPPY MEMORIES

--

PEOPLE I AM GRATEFUL FOR

--

HAPPINESS LEVEL

○	○	○	○	○
---	---	---	---	---

SAY SOMETHING NICE ABOUT
YOURSELF

--

WHAT WOULD MAKE TODAY
GREAT?

--

LESSONS I LEARNED TODAY

--

MY MANTRA

--

NOTES

--

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?	

HEALTH APPOINTMENT

DATE:

DOCTOR NAME:

QUESTIONS TO ASK:

.....

.....

.....

APPOINTMENTS:

TO REMEMBER:

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

DOCTOR APPOINTMENT

DATE	DESCRIPTION	DOCTOR	NOTES

APPOINTMENT NOTES

INSTAGRAM CONTENT MANAGER

DATE:

STORIES

REELS

CAROUSEL

STATIC POSTS

TIKTOK CONTENT MANAGER

DATE:

STORIES

TIKTOK VIDEOS

LIVE

NOTES

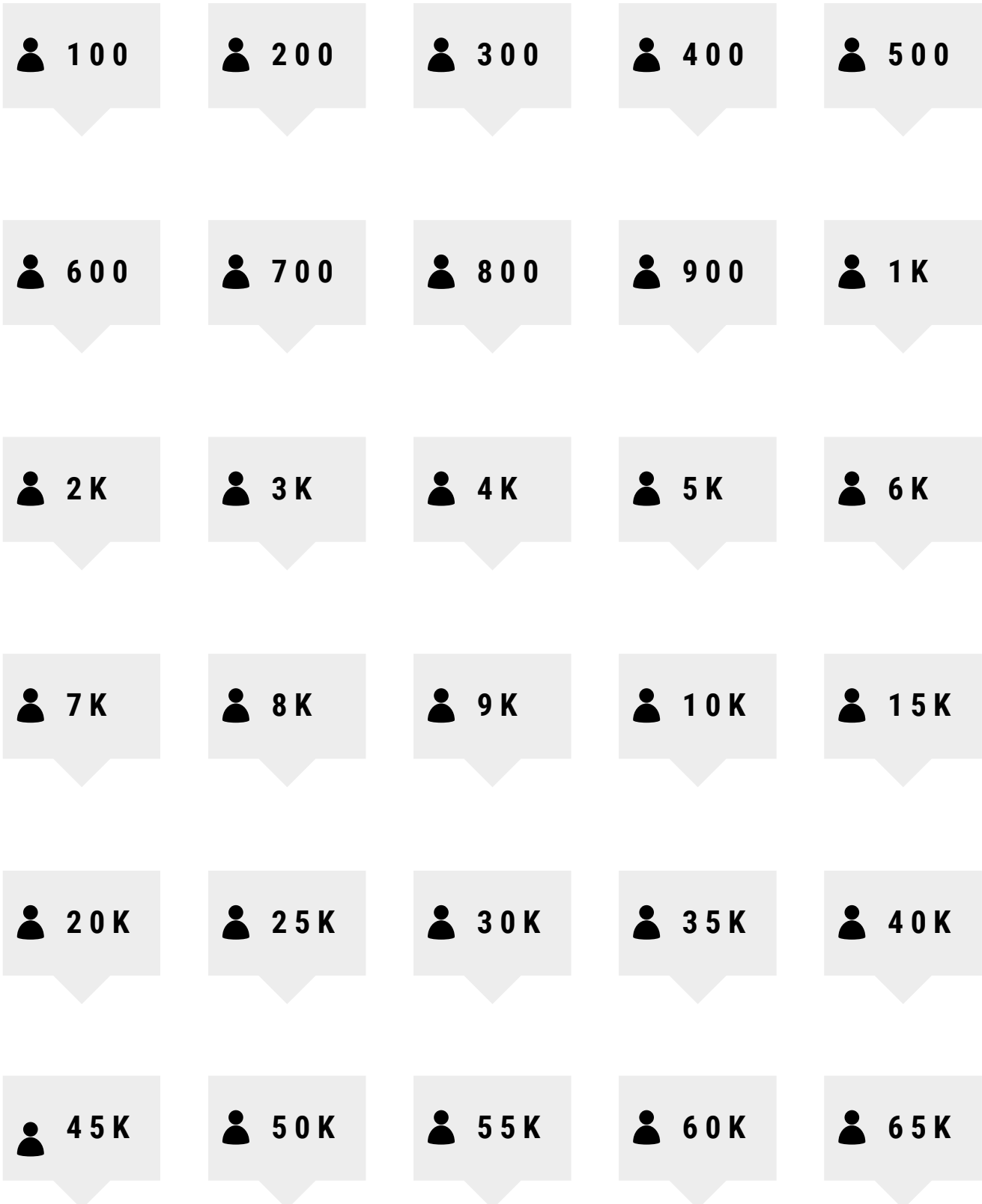
SOCIAL MEDIA TRACKER



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

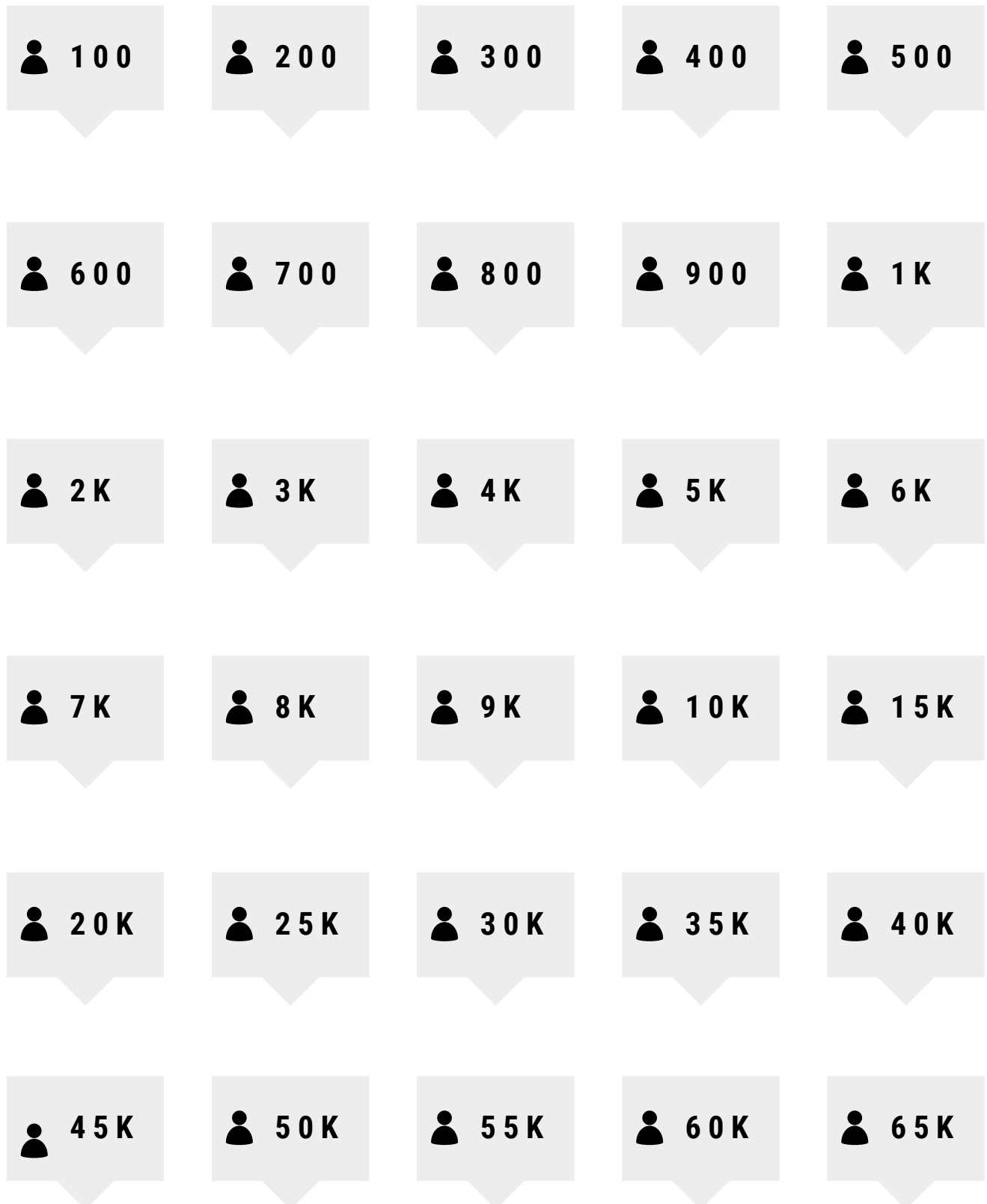
TIKTOK FOLLOWER TRACKER

START:



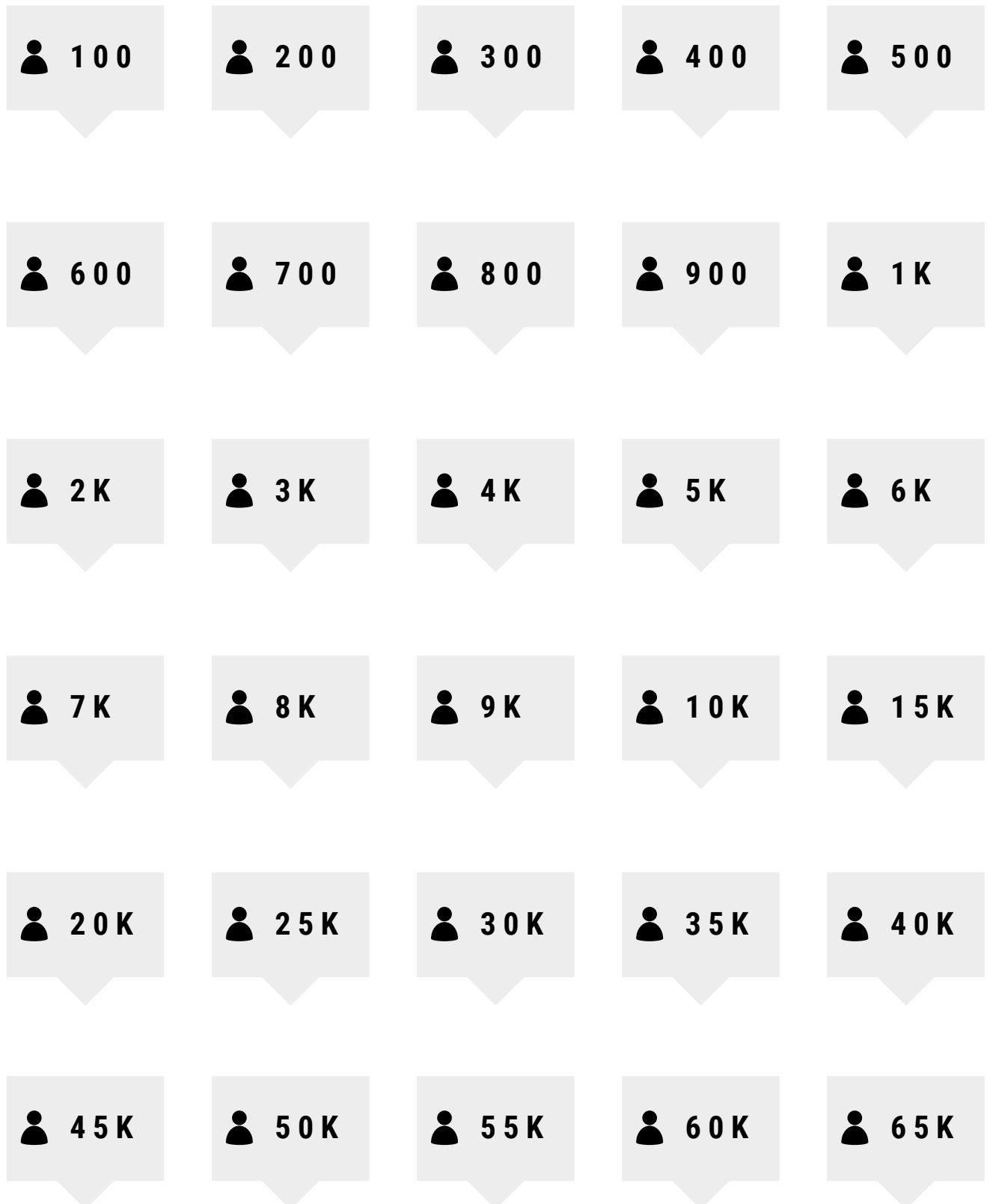
INSTAGRAM FOLLOWER TRACKER

START:



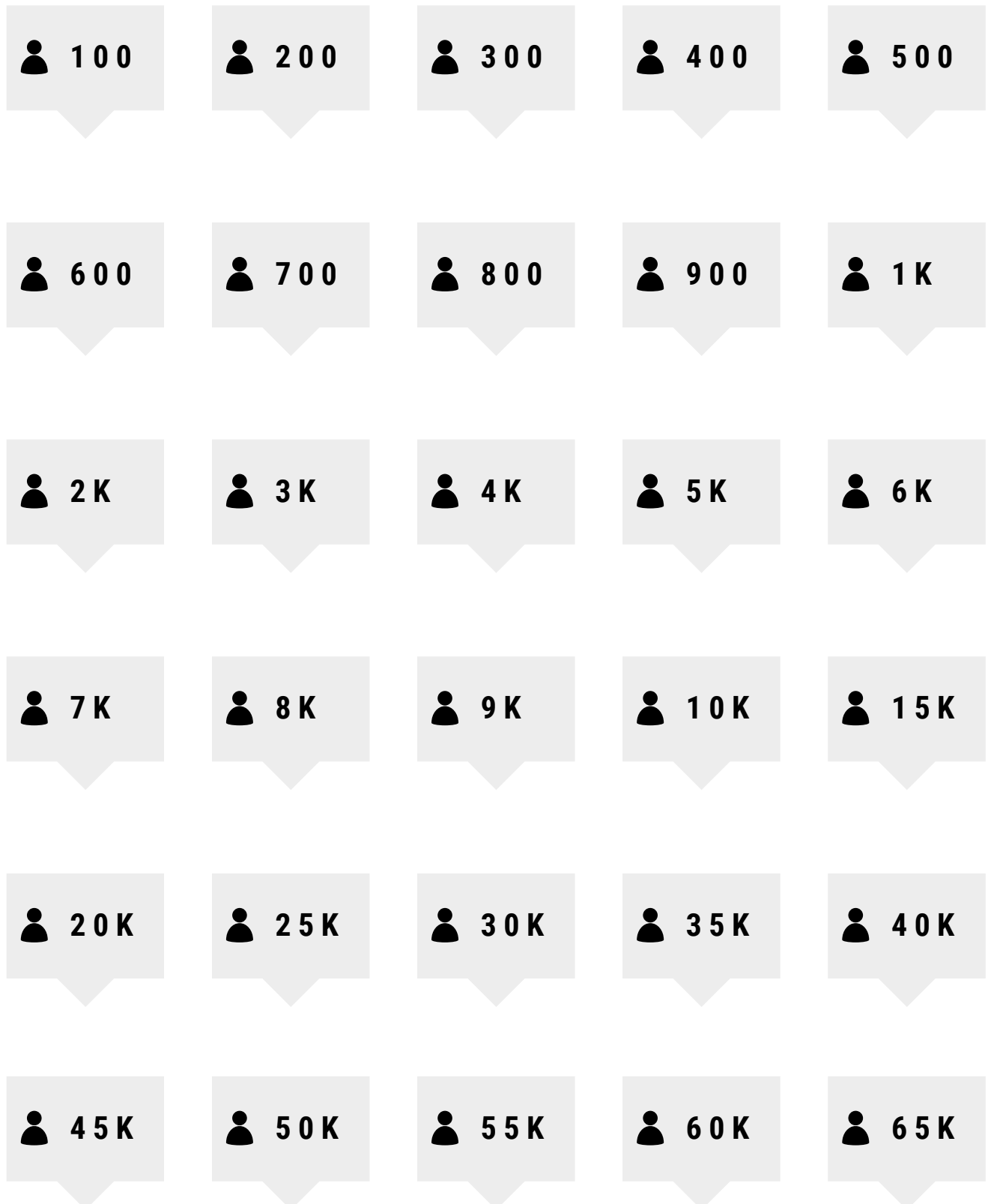
PINTEREST FOLLOWER TRACKER

START:



YOUTUBE FOLLOWER TRACKER

START:



BACKUP CODES REMINDER

PLATFORM	CODES

NATIONAL INSURANCE NUMBER TRACKER

NAME	NIN

QUESTIONS TO ASK TARGET AUDIENCE

QUESTIONS TO ASK TARGET AUDIENCE

PET WALK REMINDER

NAME:

FROM _____
TO _____

MON

TUE

WED

THU

FRI

SAT

SUN

WORKOUT DAILY PLAN

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

PET IMMUNIZATION RECORD

PET'S NAME:

BREED:

BIRTHDAY:

--	--	--

VACCINATION	DATE	VET/CLINIC	NEXT DUE
Parainfluenza			
Lyme disease			
Leptospirosis			
Heartworm			
Bordetella			
Distemper			
Kennel cough			
Coronavirus			
Parvovirus			
Rabies			

ADDITIONAL NOTES:

--

PET MEDICATION TRACKER

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

TH

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TO DO

TRAINING

NOTES

DATE

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			

INCOME GOALS 2022

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 2023

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 2024

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?

\$25K SAVINGS TRACKER

