Planner
LIFE

GOAL PLANNER

YEAR:	QUARTER:	MONTH:

MOTIVATIONAL QUOTE

GOAL	DUE DATE

GOAL TIMELINE

GOALS	WHEN	ACTION STEPS

MY PRIORITIES

Task Name	Steps to take
01	
02	
03	
04	
05	

DAILY PLANNER

TOP PRIORITES

1

2

3

4

APPOINTMENTS

1

2

3

4

TODAY'S TO DO

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

TOMORROW TO DO

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

NOTES

DOODLE

WEEKLY PLANNER

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

GOAL

1

2

3

TO DO LIST

NOTES

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	*Do Now*	*Do Later*
NOT IMPORTANT	*Delegate*	*Delete*

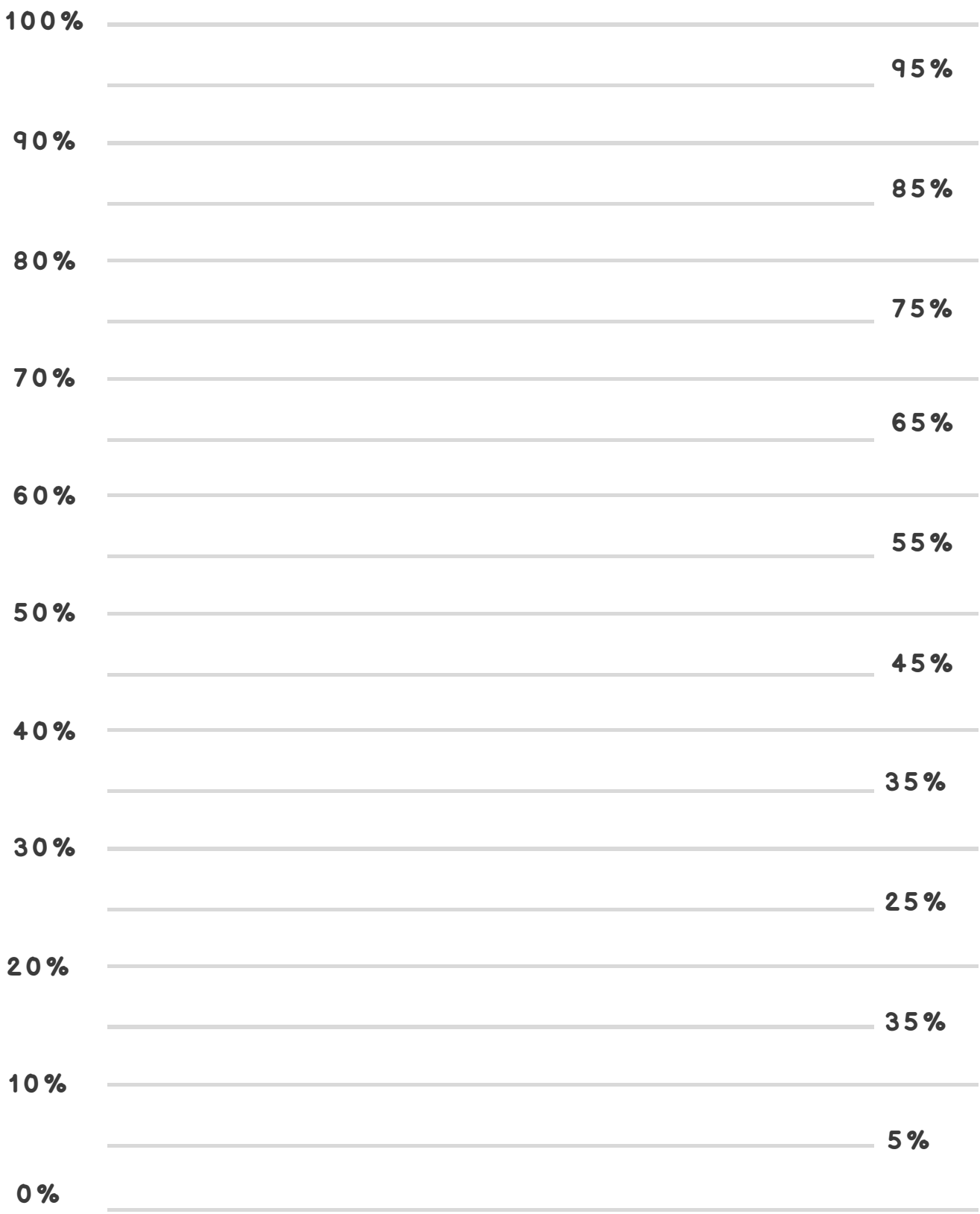
NOTES

BILL TRACKER

MONTH OF YEAR

BILL	AMOUNT	DUE	J	F	M	A	M	J	J	A	S	O	N	D

SAVINGS TRACKER



INCOME TRACKER

MONTH OF YEAR

DATE	DESCRIPTION	SOURCE	AMOUNT

EXPENSES TRACKER

MONTH

DATE	CATEGORY	DESCRIPTION	AMOUNT
		TOTAL:	

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
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		

Weeks	Amount	Total
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
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

SHOPPING LIST

DATE:

Item	Qty	✔

NOTES

SUBSCRIPTION LIST

SUBSCRIPTION	AMOUNT	START	END	LENGTH

BUCKET LIST

✔	Name

GROCERIES LIST

MONTH: WEEK:

FROZEN
○
○
○
○
○
○
○
○
○
○
○

MEATS / FISH
○
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PASTA
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○

FRUITS
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○
○
○

VEGETABLES
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○
○
○

DAIRY
○
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○
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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:

Instructions

ROUTINE TRACKER

DATE _____

MORNING

FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

AFTER NOON

FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

EVENING

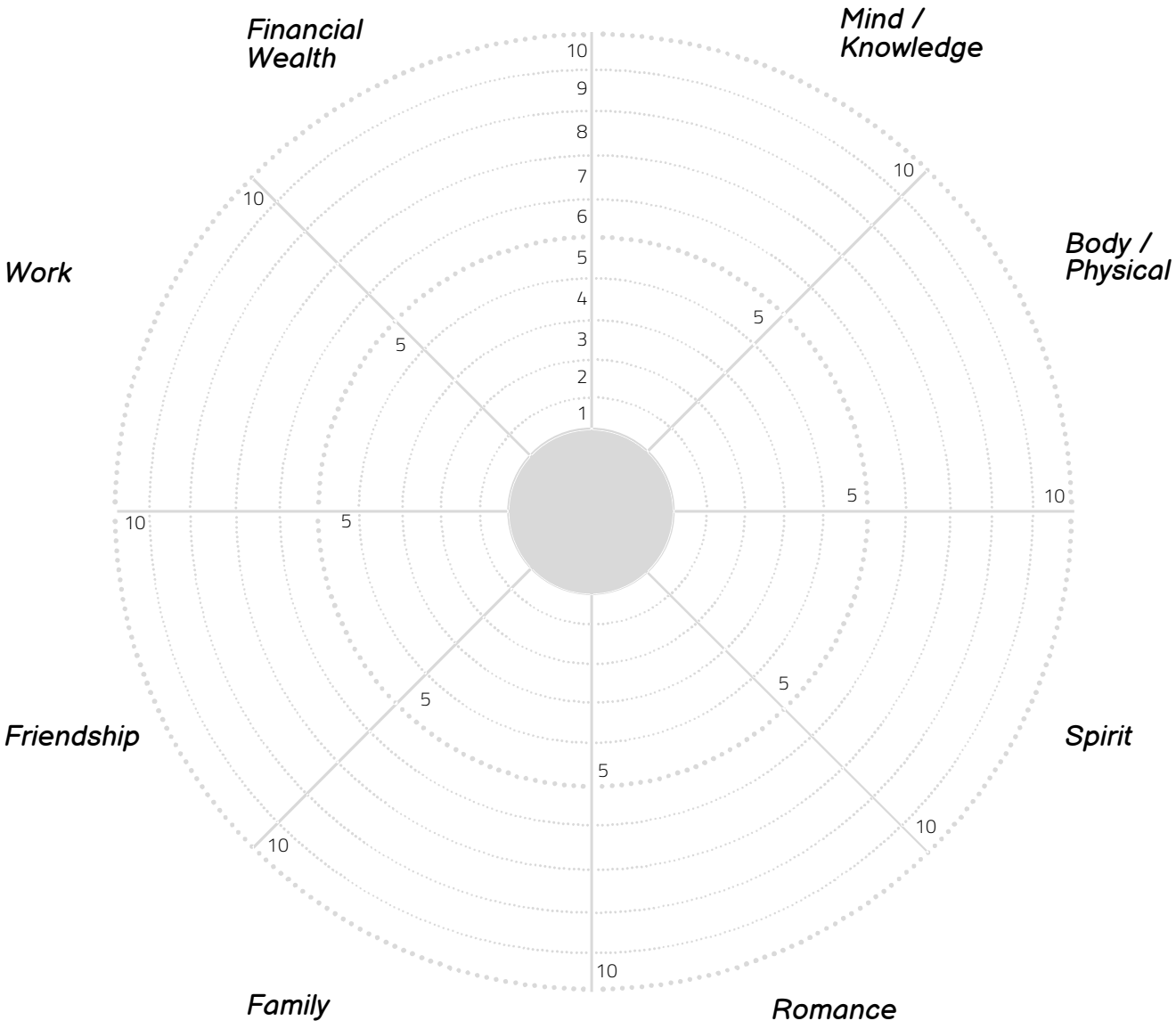
FROM _____

TO _____

M	T	W	T	F	S	S
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○
○	○	○	○	○	○	○

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
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

MIND	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

SOUL	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

VISION BOARD

WHAT I'D LIKE TO ATTRACT

SPIRITUALITY

PHYSICAL HEALTH

SELF LOVE

MY FAMILY

MONEY MINDSET

MY BIG 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				

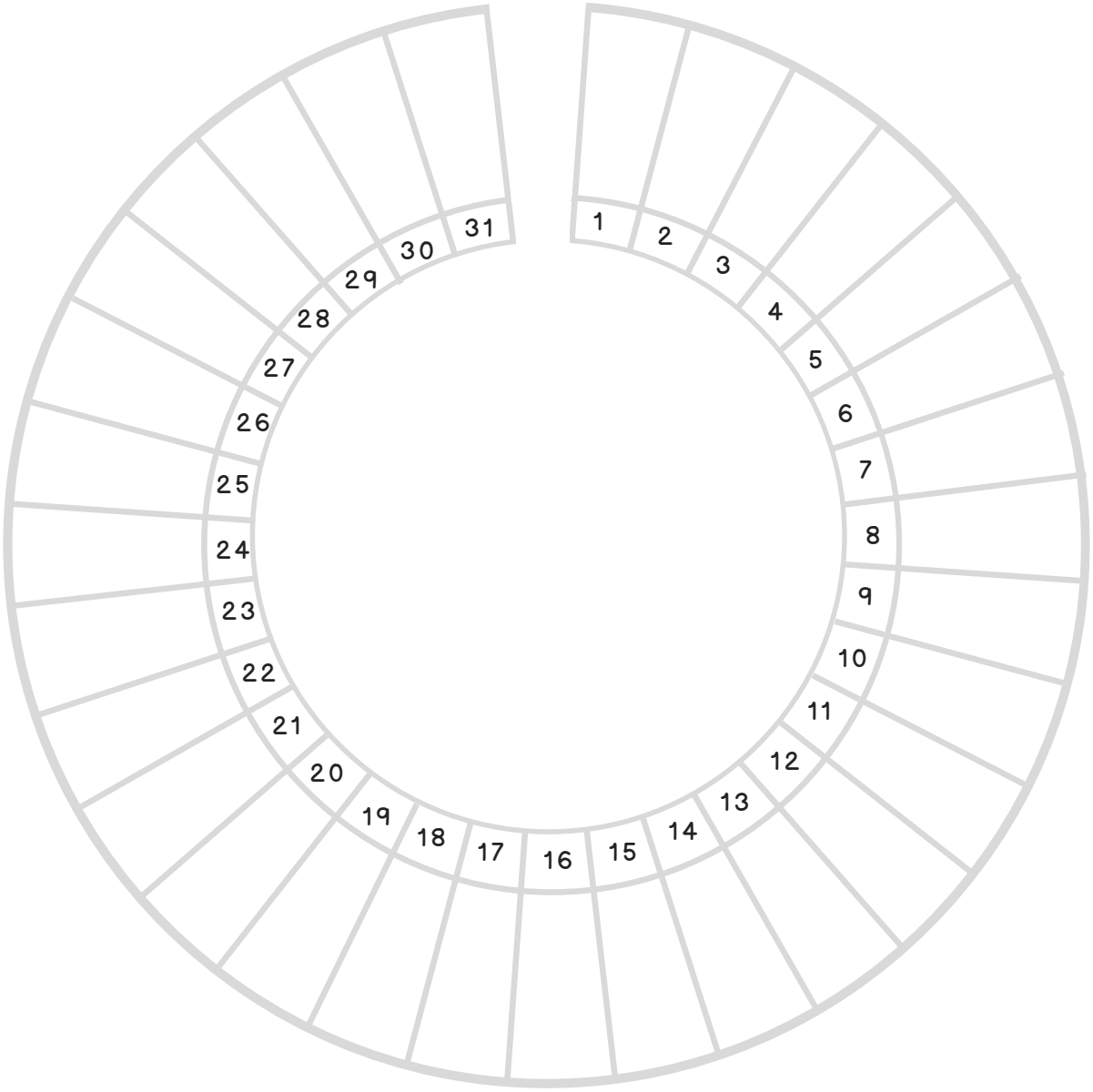
HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

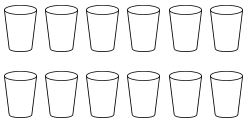
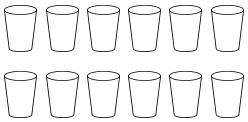
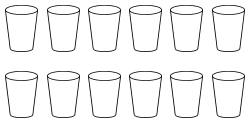
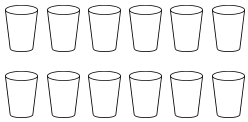
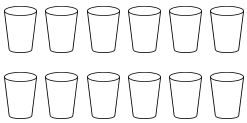
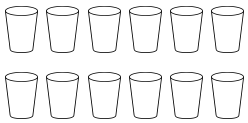
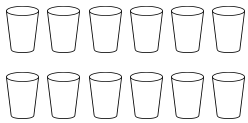
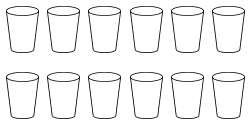
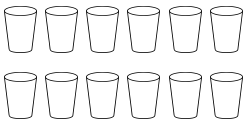
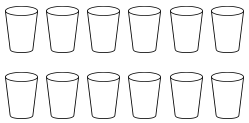
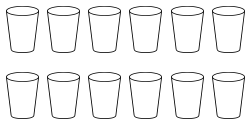
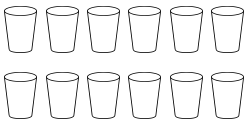
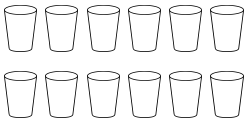
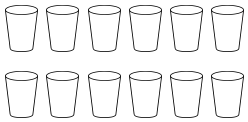
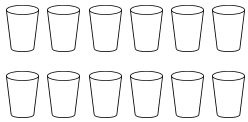
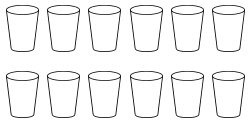
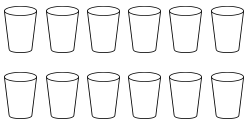
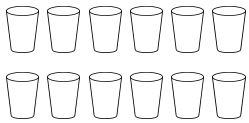
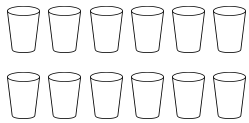
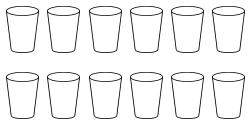
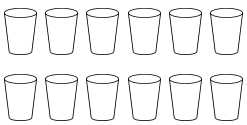
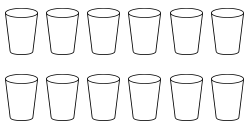
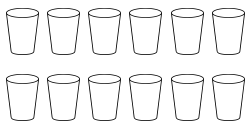
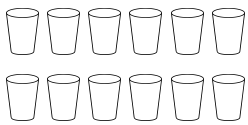
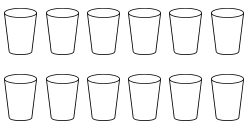
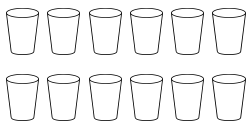
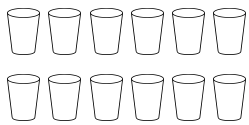
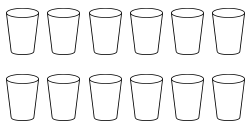
MONTH _____



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	
8	8	9	10	11	12	13	14	15	16	17	18	
9	8	9	10	11	12	13	14	15	16	17	18	
10	8	9	10	11	12	13	14	15	16	17	18	
11	8	9	10	11	12	13	14	15	16	17	18	
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	
19	8	9	10	11	12	13	14	15	16	17	18	
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	
26	8	9	10	11	12	13	14	15	16	17	18	
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 38 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 38 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 38 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 38 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 38 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 38 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 38 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 38 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 38 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 38 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 38 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 38 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			

FAVORITE MOVIES

1

2

3

4

5

6

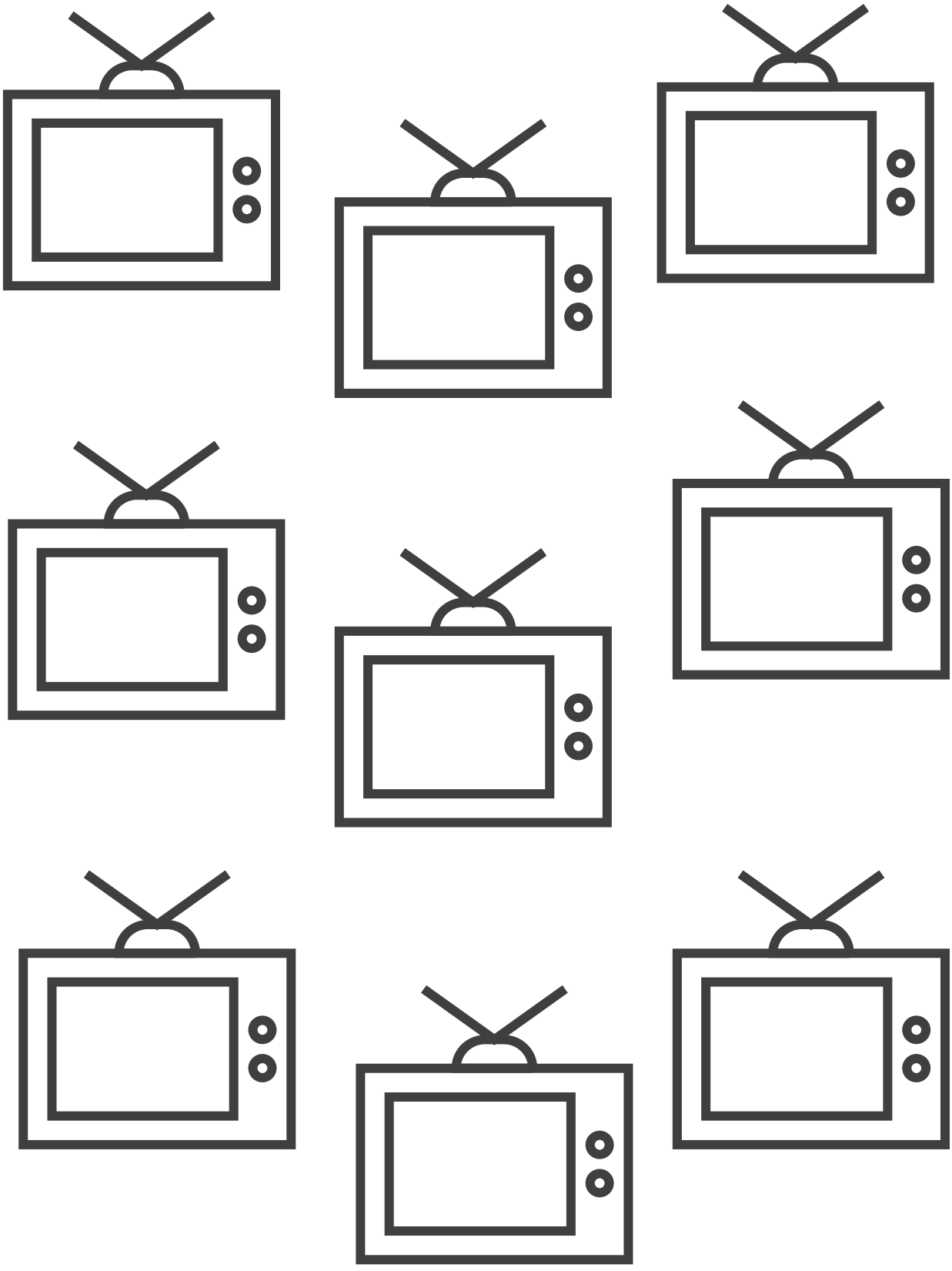
7

8

9

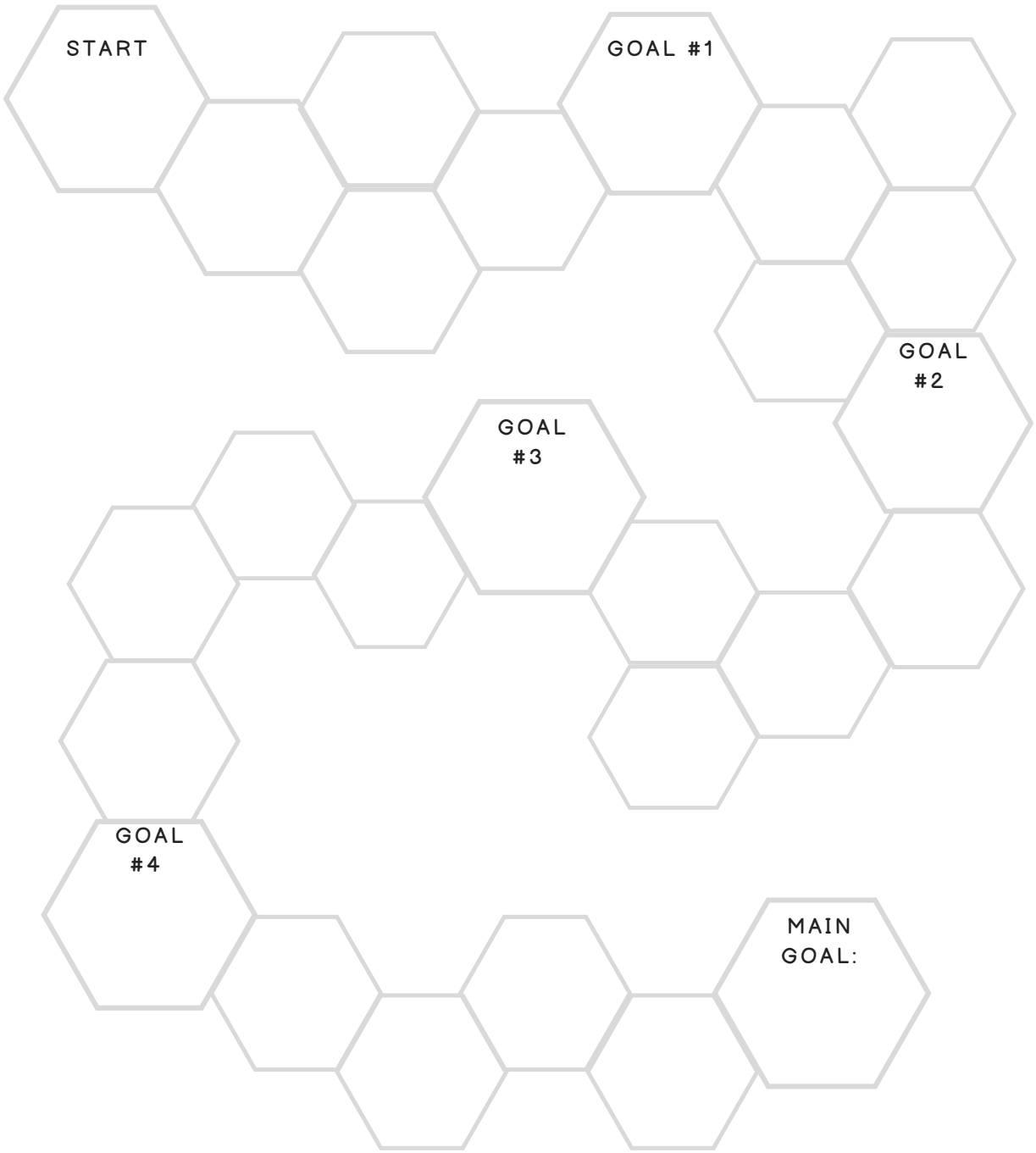
10

FAVORITE TV SHOWS



WEIGHT LOSS TRACKER

MONTH _____



GOALS	REWARDS
#1	
#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

WEIGHT LOSS GOALS

Start Date:	Target Date:

Goal:

Why:

Measurements:

	Weight	Neck	Chest	Waist	Hips	Thighs	Bust	Biceps
Start								
After								

Actions to Achieve Goal:

Rewards:

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

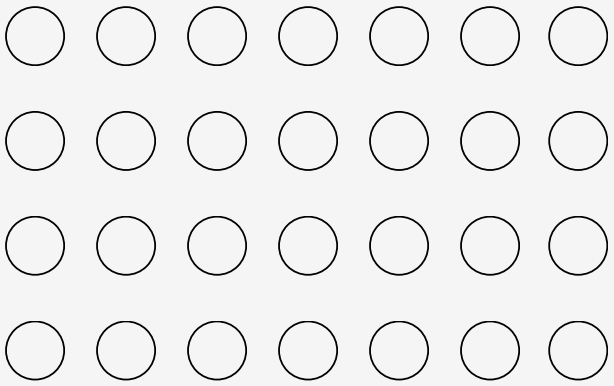
YOGA LOG

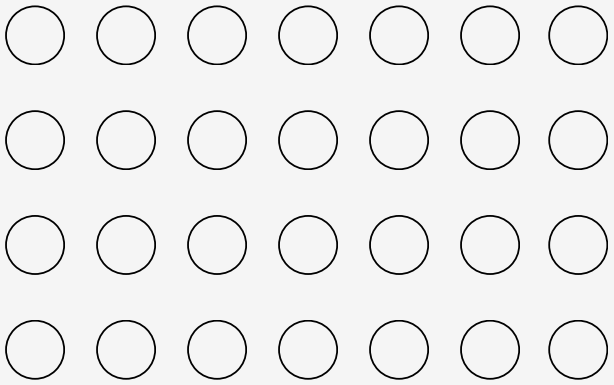
TODAY'S DATE	MUSIC

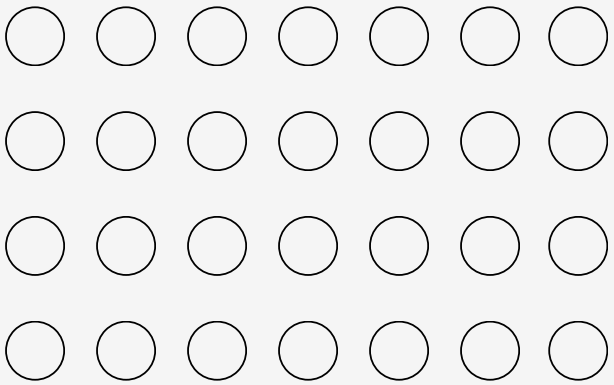
POSITION/S	TIME	DONE
		○
		○
		○
		○
		○
		○

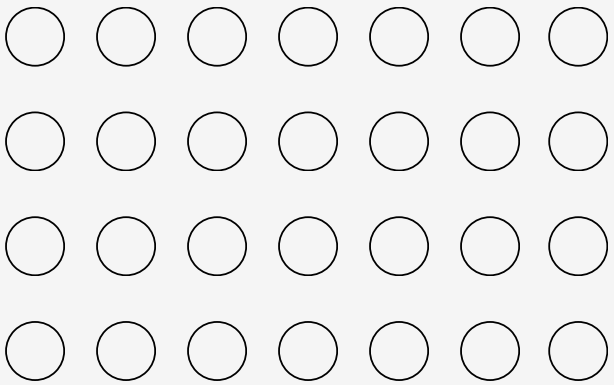
GOAL/S FOR TODAY'S YOGA SESSION

VITAMINS & MEDICATION

MEDICATION: FREQUENCY: DOSE: **TIME:** DATE:	

MEDICATION: FREQUENCY: DOSE: **TIME:** DATE:	

MEDICATION: FREQUENCY: DOSE: **TIME:** DATE:	

MEDICATION: FREQUENCY: DOSE: **TIME:** DATE:	

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	○	○	○	○	○	○	○
A	AFFIRMATIONS	○	○	○	○	○	○	○
V	VISUALIZATIONS	○	○	○	○	○	○	○
E	EXERCISE	○	○	○	○	○	○	○
R	READING	○	○	○	○	○	○	○
S	SCRIBING	○	○	○	○	○	○	○

MY WHY

NOTES

EVENING ROUTINE

MORNING NEEDS	EVENING NEEDS
○	○
○	○
○	○
○	○
○	○

Time	Task	Done
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○

SOUL STUFF

LETTER

MY BEST FRIENDS ARE

MY FAVOURITE SONGS

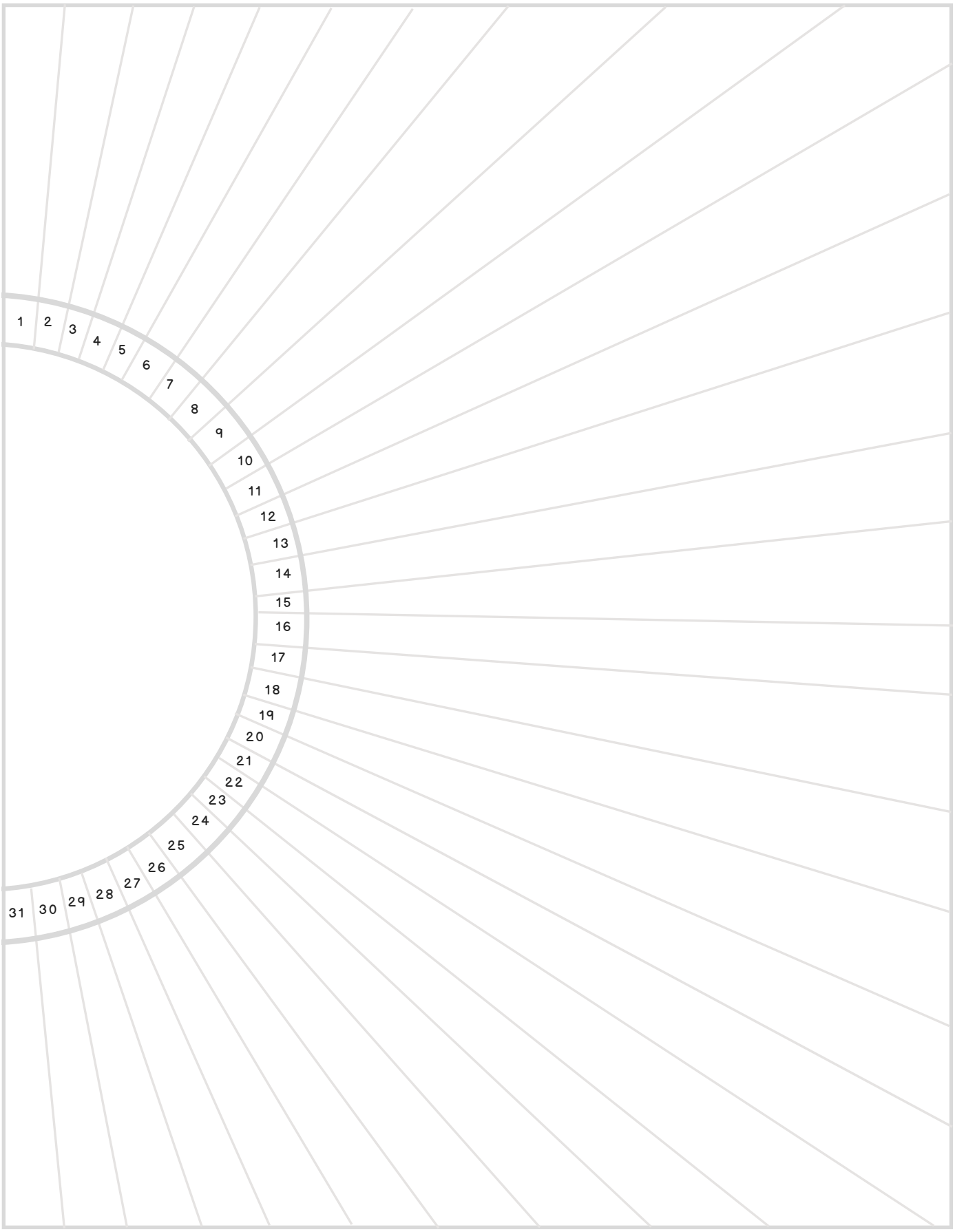
MY FAVOURITE TV SHOW

MY FAVOURITE BOOK

MY FEARS

GRATITUDE TRACKER

MONTH _____



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

DECLUTTERING PLAN

DAILY	M	T	W	T	F	S	S
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○
	○	○	○	○	○	○	○

MONDAY	TUESDAY	WEDNESDAY
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○

THURSDAY	FRIDAY	SATURDAY
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○

DISCARD LIST

RECYCLE	DONATE	TRASH
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
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○	○	○
○	○	○
○	○	○
○	○	○
○	○	○

DAILY CLEANING

DATE:

MORNING	EVENING
○	○
○	○
○	○
○	○
○	○
○	○
○	○
○	○

DAY	BEFORE BED
○	○
○	○
○	○
○	○
○	○
○	○
○	○
○	○

NOTES

WEEKLY CLEANING

ALL ROOMS

- [ ]
- [ ]
- [ ]
- [ ]
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- [ ]
- [ ]
- [ ]
- [ ]

BEDROOM

- [ ]
- [ ]
- [ ]
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- [ ]
- [ ]

LIVING ROOM

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

SEASONAL CLEANING

SPRING

SUMMER

SPRING

SUMMER

SPEED CLEANING

15 MINUTES	30 MINUTES	60 MINUTES
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
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○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○

FIX, REPLACE, SELL

FIX	REPLACE	SELL
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○

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	

PLACES TO VISIT

Location/Landmark	Cost	Notes

PRE-TRAVEL CHECKLIST

✓	A Few Months Before the Departure

✓	A Few Weeks Before the Departure

✓	A Few Days Before the Departure

✓	Day of Departure

PACKING LIST

✓	Item Name

TRAVEL ITINERARY

Date	Activity/Location/Hotel	Budget	Notes/Info

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			

NOTES