

DAILY planner

DATE:

TODAY I'M GRATEFUL FOR:

WORKOUTS:

MEALS:

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NOTES:

WATER:



FRUIT & VEG:



MY MOOD:



My treat today is:

WEEKLY *planner*

W/B:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Priorities/ Urgent:

Appointments:

Notes:

YEARLY *planner*

YEAR:

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

GOAL *planner*

GOAL:

ACTION STEPS:

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NOTES:

GOAL *planner*

Record your top three for each of the following categories:

MY TOP 3 GOALS

- 1.
- 2.
- 3.

MY TOP 3 HABITS

- 1.
- 2.
- 3.

MY TOP 3 ACTION STEPS

- 1.
- 2.
- 3.

MY TOP 3 BENEFITS

- 1.
- 2.
- 3.

MY TOP 3 SUPPORTERS

- 1.
- 2.
- 3.

MY TOP 3 LETTING GO

- 1.
- 2.
- 3.

MOOD *diary*

WEEK:

MON	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

TUES	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

WED	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

THUR	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

FRI	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

SAT	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

SUN	Positive feeling score	Negative feeling score
Morning		
Afternoon		
Night		

Use this weekly mood diary to keep a track of your mood so that you can become aware of what events or activities cause mood changes. Give yourself a score of 1 - 10 where 10 is the strongest experience of a feeling.

MOOD *diary*

Date:

	Happy	Excited	Sad	Anxious	Angry	Notes
06:00 - 08:00						
08:00 - 10:00						
10:00 - 12:00						
12:00 - 14:00						
14:00 - 16:00						
16:00 - 18:00						
18:00 - 20:00						
20:00 - 22:00						
22:00 - 24:00						
24:00 - 02:00						
02:00 - 04:00						
04:00 - 06:00						

ACTIVITY *diary*

Date:

	Happy	Excited	Sad	Anxious	Angry	Notes
06:00 - 08:00						
08:00 - 10:00						
10:00 - 12:00						
12:00 - 14:00						
14:00 - 16:00						
16:00 - 18:00						
18:00 - 20:00						
20:00 - 22:00						
22:00 - 24:00						
24:00 - 02:00						
02:00 - 04:00						
04:00 - 06:00						

WEEKLY *success*

Review your week by adding information into this planner

WHAT I HAVE ACHIEVED

- 1.
- 2.
- 3.

WHAT I HAVE LEARNED

- 1.
- 2.
- 3.

WHAT HAS MADE ME PROUD

- 1.
- 2.
- 3.








MY 3 GRATITUDES

- 1.
- 2.
- 3.

MY THOUGHTS FOR NEXT WEEK

WEEKLY *fitness*

WEEKLY FITNESS GOAL

	WORKOUTS	MEALS	WATER
S			
M			
T			
W			
T			
F			
S			

CHORES *planner*

CHORES

S M T W T F 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"/>
_____	<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"/>
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NOTES

WORKOUT *planner*

MONDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

TUESDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

WEDNESDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

THURSDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

FRIDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

SATURDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

SUNDAY

TYPE OF EXERCISE

TOTAL TIME:

CALORIES BURNED:

GRATITUDE *log*

Date:

I am grateful for

Date:

I am grateful for

Date:

I am grateful for

Affirmations

My Affirmations

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

PROJECT *planner*

PROJECT TITLE:

OBJECTIVES/GOALS:

START DATE:

DEADLINE:

RESOURCES

TASK LIST

DUE DATE

-
-
-
-
-

BRAIN DUMP:

MY contacts

NAME:

RELATIONSHIP:

EMAIL:

MOBILE:

PHONE

ADDRESS:

NAME:

RELATIONSHIP:

EMAIL:

MOBILE:

PHONE

ADDRESS:

NAME:

RELATIONSHIP:

EMAIL:

MOBILE:

PHONE

ADDRESS:

NAME:

RELATIONSHIP:

EMAIL:

MOBILE:

PHONE

ADDRESS: