

Monthly Planner

MONTH:

MON

TUES

WED

THU

FRI

SAT

SUN

MONTHLY GOALS

1.

2.

3.

TO DO LIST

- _____
- _____
- _____
- _____
- _____

Weekly Planner

MONDAY

TUESDAY

WEEK OF:

WEEK GOALS

- 1.
- 2.
- 3.

WEDNESDAY

THURSDAY

FRIDAY

Grateful for

SATURDAY

SUNDAY

Productivity & Balance: Weekly Planner

WEEK:

MON

TUE

WED

THU

FRI

SAT

SUN

COMPLETED

-
-
-
-

HABITS TRACKER

Habit	M	T	W	T	F	S	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"/>

TO-DO LIST

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

NOTES

Self Assessment

How do I feel at this moment?

What am I putting off?

Overall Well-Being

1

2

3

4

5

6

7

8

9

10

I get enough sleep

1

2

3

4

5

I spend time to recharge

1

2

3

4

5

I have a healthy eating habit

1

2

3

4

5

I keep my space clean

1

2

3

4

5

I exercise my body regularly

1

2

3

4

5

I take care of my hygiene

1

2

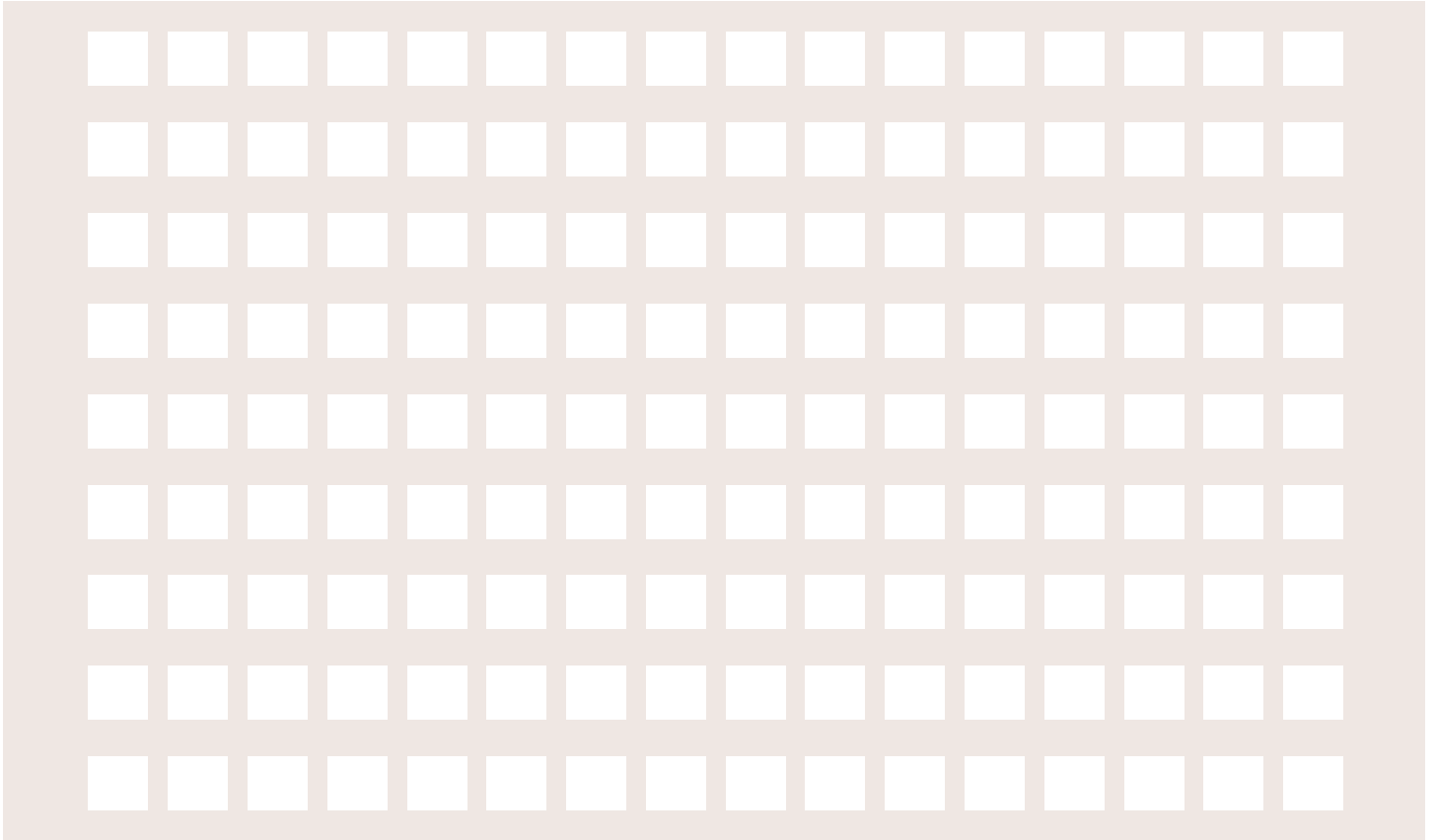
3

4

5

Creative Ideas

LETS DRAW



TIME

NOTES

Blank area for recording time.

Blank area for recording notes.

My 30-Day *Dream Life Challenge*

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
DAY 6	DAY 7	DAY 8	DAY 9	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