

(Daily)

DATE ____ / ____ / ____

SELF-CARE

S M T W T F S

C H E C K L I S T

<input type="checkbox"/> MAKE YOUR BED	<input type="checkbox"/> TAKE A LONG BATH
<input type="checkbox"/> TAKE YOUR MEDICATIONS & VITAMINS	<input type="checkbox"/> DO A FACE MASK
<input type="checkbox"/> SKINCARE ROUTINE	<input type="checkbox"/> CALL A FRIEND OR FAMILY
<input type="checkbox"/> HEALTHY MEALS	<input type="checkbox"/> MEDITATION
<input type="checkbox"/> GO FOR A WALK	<input type="checkbox"/> WATCH A MOVIE
<input type="checkbox"/> CLEANING HOUSE	<input type="checkbox"/> CUDDLE A PET OR HUMAN
<input type="checkbox"/> WASHING CLOTHES	<input type="checkbox"/> TRY A NEW RESTAURANT
<input type="checkbox"/> LISTEN TO MUSIC	<input type="checkbox"/> MAKE TIME TO READ
<input type="checkbox"/> HAVE A POWER NAP	<input type="checkbox"/> TRY A NEW RECIPE
<input type="checkbox"/> SOCIAL MEDIA BREAK	<input type="checkbox"/> NO PHONE 30 MINS BEFORE BED

WORKOUT

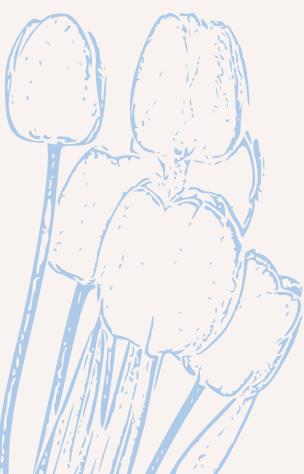
<input type="checkbox"/> CARDIO	<input type="checkbox"/> WEIGHT	<input type="checkbox"/> YOGA
<input type="checkbox"/> STRETCH	<input type="checkbox"/> REST DAY	<input type="checkbox"/> OTHER

HOURS OF SLEEP

(Hours)



THINGS THAT
MAKE ME
HAPPY TODAY

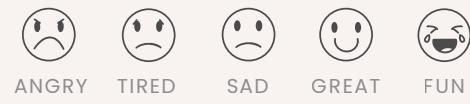


WATER BALANCE

(Glass)



MOOD



DAILY PLANNER

DATE:

M T W T F S S

TOP PRIORITY:

TO DO LIST

-
-
-
-
-
-
-
-
-
-

SCHEDULE

time	activity
<input type="text"/>	<input type="text"/>

MEAL PLAN

water 

breakfast

lunch

dinner

<input type="text"/>	<input type="text"/>

SHOPPING LIST

-
-
-
-
-

NOTES:



WEEKLY CHORES

Daily responsibility	m	t	w	th	f	st	s
Breakfast							
Check-in with school							
Snack							
Check-in with school							
Lunch							
After-school class							
Watch tv or go outside							
Dinner							
Bath time							
Bed time							

YOU GOT THIS!



CLEANING CHECKLIST



KITCHEN & DINING AREA

- Clean countertops
- Wipe down cabinets and drawers
- Clean sink and faucet
- Stove: clean top, front, and inside
- Oven: clean inside and outside
- Microwave: clean inside and outside
- Refrigerator: clean outside and inside
- Dishwasher: clean outside and inside
- Sweep and mop floor

LIVING ROOM

- Dust surfaces (tables, shelves, etc.)
- Vacuum or sweep floors
- Clean windowsills
- Dust blinds or curtains
- Dust light fixtures
- Clean baseboards
- Vacuum upholstery (sofas, chairs)
- Clean ceiling fans
- Fluff and arrange cushions

MASTER BATHROOM

- Clean toilets (including bowl, seat and base)
- Scrub shower/tub (including tiles, grout, and showerhead)
- Clean sink and faucet
- Wipe down mirrors
- Clean light fixtures
- Clean counters, cabinets
- Sweep and mop floor
- Check exhaust fan
- Clean walls and baseboards
- Empty trash can
- Change towels

MASTER BEDROOM

- Dust surfaces
- Vacuum or sweep floors
- Dust blinds or curtains
- Clean baseboards
- Make bed

LAUNDRY 1/2

- Clean washer and dryer
- Vacuum or sweep floors
- Organize and straighten items

Habit Tracker

WEEK OF

MONTHLY BUDGET PLANNER

Budget Goal:

Month: _____

Income

Fixed Expenses

Date	Description	Amount
Total		

Other Expenses

Bills

Date	Description	Amount
Total		

Recap

	Goal	Actual	Difference
Earnt			
Spent			
Debt			
Saved			

Food journal

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Week:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Rate your week	○○○○○

Weekly Planner

Name: _____

Date: _____

Monday



Tuesday



Wednesday



Thursday



Friday



Saturday



Sunday



Notes:



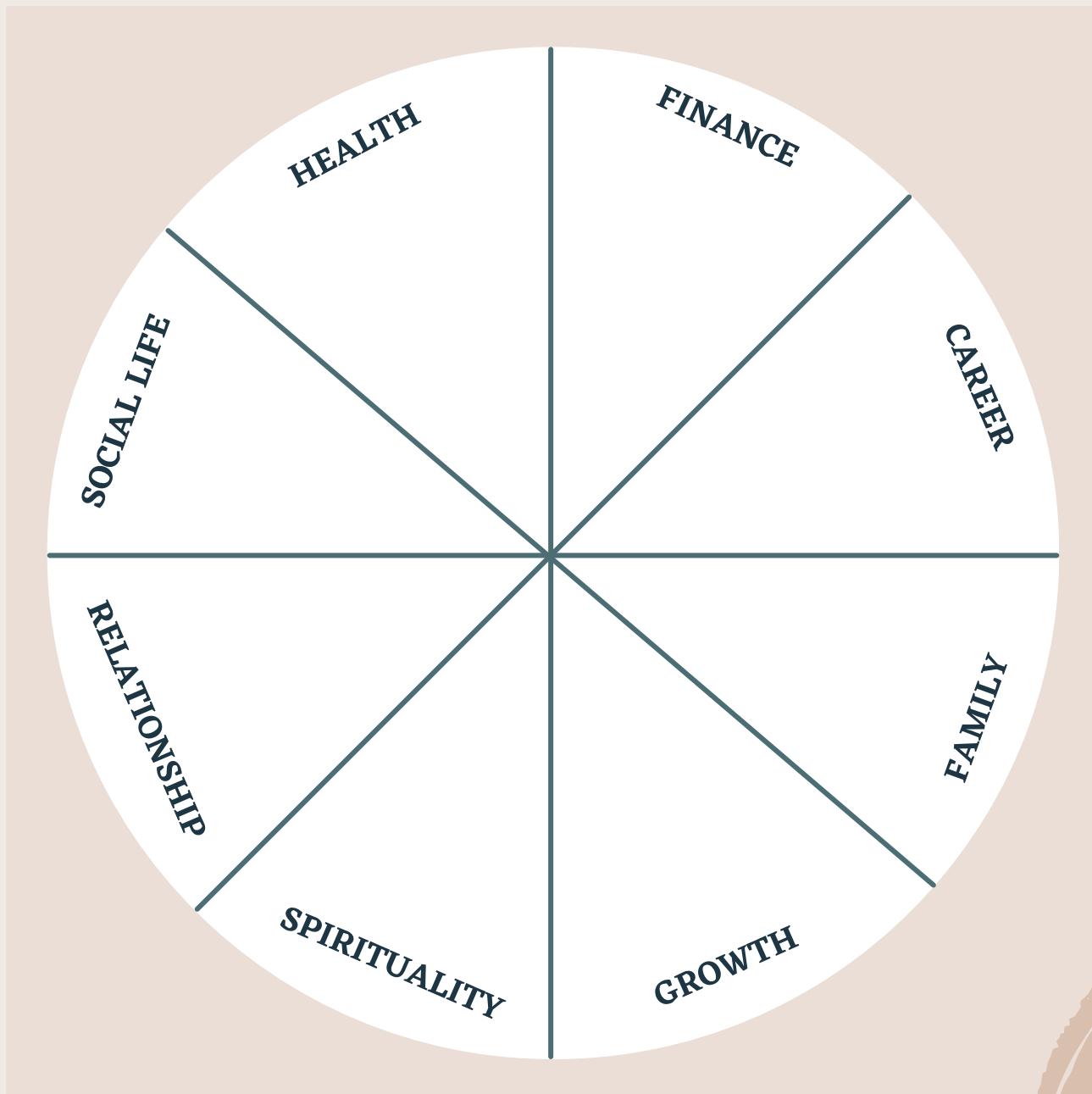
Do not forget:



WHEEL OF LIFE

Assess Your Life

Assess your level of full for each theseoreas on a scale from the wheel of life



WRITE DOWN YOUR DESIRED INTENTION 3 TIMES

WRITE DOWN YOUR DESIRED INTENTION 6 TIMES

WRITE DOWN YOUR DESIRED INTENTION 9 TIMES

manifest your dreams here

20
26

DAILY JOURNAL

DATE

DAILY GRATITUDE

-
-
-
-
-
-

DAILY AFFIRMATION

DAILY GOALS

-
-
-
-
-

DAILY CHALLENGE

OTHER THOUGHTS



My Happiness Journal

Date: ___/___/___

M T W TH F S S

Today, I am Grateful For:

-
-
-

One word to describe your day

Habits I want to continue:



My 'Glimmers'

.....
.....
.....
.....

My 'Not-To-Do' List

- _____
- _____
- _____
- _____



was on repeat today♪

MANIFESTATION PLANNER

DATE:	S M T W T F S	VISION
		<p>I SEE</p> <hr/> <hr/>
		<p>I HAVE</p> <hr/> <hr/>
		<p>I FEEL</p> <hr/> <hr/>
LIMITING BELIEFS I NEED GET RID OF		<p>TO-DO LIST</p> <ul style="list-style-type: none"><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/><input type="radio"/>
MY DAILY AFFIRMATION		
ACTION PLAN		
		<p>MY PRAYER TO THE UNIVERSE</p>