Daily Planner

Use this page as part of your healthy living guide routine.

Date	____	Mood 1–10	__
Top 3 priorities	1. ____ 2. ____ 3. ____		
Movement	____	Water	____
Self-care	____	Sleep	____

Weekly Planner

Day	Priority	Movement	Recovery	Notes
Mon	___	___	___	___
Tue	___	___	___	___
Wed	___	___	___	___
Thu	___	___	___	___
Fri	___	___	___	___
Sat	___	___	___	___
Sun	___	___	___	___

Weekly Reflection

Question	My answer
What worked?	_____
What felt difficult?	_____
What will I simplify?	_____
What do I want next week?	_____

Habit Tracker

Habit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Habit 1															
Habit 2															
Habit 3															

Habit Tracker • Days 16–30

Habit	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Habit 1															
Habit 2															
Habit 3															

Meal & Nourishment

Meal	Plan	Notes
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
Snack	_____	_____

Grocery List

Category	Items
Produce	_____
Protein	_____
Grains	_____
Pantry	_____
Other	_____

Movement Planner

Day	Activity	Minutes	How I felt
Mon	_____	__	_____
Tue	_____	__	_____
Wed	_____	__	_____
Thu	_____	__	_____
Fri	_____	__	_____

Sleep Log

Date	Bed	Wake	Hours	Quality 1–5
_____	_____	_____	_____	__
_____	_____	_____	_____	__
_____	_____	_____	_____	__

Stress & Energy

Date	Stress 1–10	Energy 1–10	What helped
_____	__	__	_____
_____	__	__	_____
_____	__	__	_____

Self-Care Plan

Area	This week
Body	_____
Mind	_____
Home	_____
Connection	_____
Fun	_____

30-Day Overview

Use this page as part of your healthy living guide routine.

Week	Focus	Main habit
1	Notice & simplify	_____
2	Build routines	_____
3	Practice consistency	_____
4	Review & maintain	_____

Goal Planner

Goal	Why	First step	Review
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Journaling

Prompt	Notes
What do I need today?	_____
What is one small win?	_____
What can I let go of?	_____

Gratitude

Today I appreciate…	Why
_____	_____
_____	_____
_____	_____

Support Map

Person/resource	Support	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reset Plan

If I feel off track…	My response
Step 1	_____
Step 2	_____
Step 3	_____

Monthly Review

Question	Answer
Biggest improvement	_____
Most useful habit	_____
Next priority	_____

Notes

Notes
_____
_____
_____
_____

My Personal System

Habit	Cue	Minimum version
_____	_____	_____
_____	_____	_____
_____	_____	_____