

*Lucky girl*  
PLANNER



*Girl  
power* 



# INDEX

## YEAR AT A GLANCE

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2023

2024

## MONTHLY CALENDAR

---

JAN FEB MAR APR  
MAY JUN JUL AUG  
SEP OCT NOV DEC

## MONTHLY VISION BOARD

---

JAN FEB MAR APR  
MAY JUN JUL AUG  
SEP OCT NOV DEC

## MONTHLY HABIT TRACKER

---

JAN FEB MAR APR  
MAY JUN JUL AUG  
SEP OCT NOV DEC

## MONTHLY GOALS

---

JAN FEB MAR APR  
MAY JUN JUL AUG  
SEP OCT NOV DEC

IMPORTANT LIFE QUESTIONS

SELF DISCOVERY

## PRODUCTIVITY

---

GOAL PLANNER  
30 DAY CHALLENGE  
MIND MAP  
BUCKET LIST  
TRAVEL PLANNER  
WISHLIST  
LOG INS  
CLEANING SCHEDULE

## WELLNESS

---

WHEEL OF LIFT  
MEAL PLANNER  
FITNESS LOG  
PERIOD TRACKER  
WELLNESS GOALS  
MOOD TRACKER  
Book Ratings  
READING TRACKER  
MOVIE AND TV SERIES  
PODCASTS  
YOUTUBE  
RECIPES

## FINANCE

---

YEARLY FINANCES  
MONTHLY BUDGET PLANNER  
SPENDING TRACKER  
SUBSCRIPTION TRACKER  
BILL PAYMENT TRACKER  
DEBT PAYMENT TRACKER  
52 WEEKS SAVINGS CHALLENGE



JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

JAN

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24	25	26	27	28	29	30

OCT

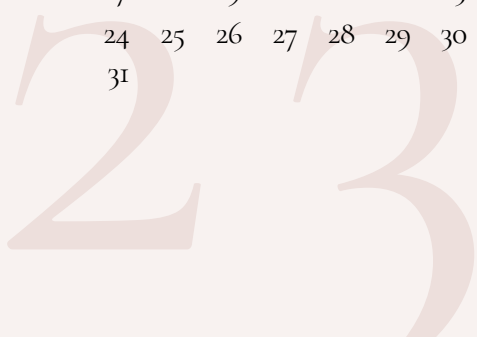
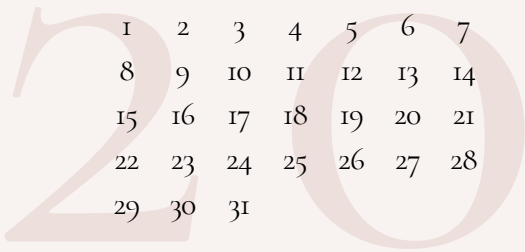
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# JANUARY

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# JANUARY

JAN

FEB

MAR

APR

MAY

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JUL

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OCT

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## NOTES AND IDEAS



# VISION BOARD

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AUG

SEP

OCT

NOV

DEC







# FEBRUARY

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MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

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HEALTH AND FITNESS GOALS

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RELATIONSHIP GOALS

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CAREER OR ACADEMIC GOALS

Empty box for Career or Academic Goals

FINANCIAL GOALS

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## NOTES AND IDEAS



# VISION BOARD

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SEP

OCT

NOV

DEC





# MARCH

JAN

FEB

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MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# MARCH

MON	TUE	WED	THU	FRI	SAT	SUN

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### NOTES AND IDEAS



# VISION BOARD

## March

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APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC



# HABIT TRACKER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

SELF LOVE TIME

HYDRATION

MAR





# JAPRIL

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

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HEALTH AND FITNESS GOALS

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RELATIONSHIP GOALS

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CAREER OR ACADEMIC GOALS

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FINANCIAL GOALS

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DEC

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### NOTES AND IDEAS



# VISION BOARD

April

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MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC





# MAY

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

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HEALTH AND FITNESS GOALS

Blank area for Health and Fitness Goals

RELATIONSHIP GOALS

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CAREER OR ACADEMIC GOALS

Blank area for Career or Academic Goals

FINANCIAL GOALS

Blank area for Financial Goals



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SEP

OCT

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DEC

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### NOTES AND IDEAS



# VISION BOARD

May

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC







# JUNE

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# JUNE

MON	TUE	WED	THU	FRI	SAT	SUN

JAN

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MAR

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MAY

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JUL

AUG

SEP

OCT

NOV

DEC

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### NOTES AND IDEAS



# VISION BOARD

June

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC





# JULY

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

Empty box for Personal Growth Goals

HEALTH AND FITNESS GOALS

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RELATIONSHIP GOALS

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CAREER OR ACADEMIC GOALS

Empty box for Career or Academic Goals

FINANCIAL GOALS

Empty box for Financial Goals



# JULY

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JUL

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SEP

OCT

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DEC

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### NOTES AND IDEAS



# VISION BOARD

July

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FEB

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APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC







# AUGUST

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# AUGUST

MON

TUE

WED

THU

FRI

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JAN

FEB

MAR

APR

MAY

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JUL

AUG

SEP

OCT

NOV

DEC

## TO DO

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## NOTES AND IDEAS



# VISION BOARD

August

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC





# SEPTEMBER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# SEPTEMBER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

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OCT

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DEC

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NOTES AND IDEAS



# VISION BOARD

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MAY

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JUL

AUG

SEP

OCT

NOV

DEC







# OCTOBER

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AUG

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DEC

PERSONAL GROWTH GOALS

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HEALTH AND FITNESS GOALS

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RELATIONSHIP GOALS

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CAREER OR ACADEMIC GOALS

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FINANCIAL GOALS

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# VISION BOARD

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MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC





# NOVEMBER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# NOVEMBER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

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### NOTES AND IDEAS



# VISION BOARD

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JUL

AUG

SEP

OCT

NOV

DEC







# DECEMBER

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

PERSONAL GROWTH GOALS

HEALTH AND FITNESS GOALS

RELATIONSHIP GOALS

CAREER OR ACADEMIC GOALS

FINANCIAL GOALS



# DECEMBER

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FEB

MAR

APR

MAY

JUN

JUL

AUG

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NOV

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### NOTES AND IDEAS



# VISION BOARD

## December

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AUG

SEP

OCT

NOV

DEC







JAN

FEB

MAR

APR

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JUN

JUL

AUG

SEP

OCT

NOV

DEC

# SCHEDULE

MON

TUE

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*Week's focus*

MY GOAL FOR THIS WEEK IS

TOP PRIORITIES

1

2

3

TASKS TO COMPLETE



DAILY HABITS

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NOTES AND IDEAS

# Important life questions

What is the purpose of my life?

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What makes me truly happy?

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What do I value most in life?

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How can I achieve a healthy work-life balance?

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How can I cultivate meaningful relationships?

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Activities that make me alive?

Passions that bring joy?



JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

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DEC

# Self discovery

What activities or interests bring me joy and fulfillment?

My strengths.

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My weaknesses.

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What are my core values and beliefs?

How do my values influence my goals and aspirations?

In what ways can I align my actions with my values to lead a more purposeful life?

What are the experiences or challenges that have shaped me into who I am today?

How can I further explore and understand my own emotions, desires, and motivations?





JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

# Goal planner

My goal:

Why?

Start date:

End date:

Habits:

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

My motivation:

Reward:

Notes:



# 30 day 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

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC



JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

Action

Analysis

Revision

*Mind maps*

Objectives

Solution

Strategy







# Logins

Website	
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Password	

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# Cleaning checklist

## DAILY

- |   |  |
|---|--|
| <input type="checkbox"/> Make Bed           | <input type="checkbox"/> Sweep Kitchen Floors        |
| <input type="checkbox"/> Wash Dishes        | <input type="checkbox"/> Clean Bathroom              |
| <input type="checkbox"/> Wipe Kitchen Table | <input type="checkbox"/> Brush Shower Walls          |
| <input type="checkbox"/> Do Laundry         | <input type="checkbox"/> Sanitize Kitchen & Bathroom |

## WEEKLY

- |  |   |
|--|---|
| <input type="checkbox"/> Clean Mirrors   | <input type="checkbox"/> Do Laundry           |
| <input type="checkbox"/> Clean Windows   | <input type="checkbox"/> Garbage Disposal     |
| <input type="checkbox"/> Dust Furnitures | <input type="checkbox"/> Clean Oven/Microwave |
| <input type="checkbox"/> Change Beddings | <input type="checkbox"/> Mop floors           |

## MONTHLY

- |  |  |
|--|--|
| <input type="checkbox"/> Clean Storages  | <input type="checkbox"/> Wipe Kitchen Cabinets |
| <input type="checkbox"/> Clean Fridge    | <input type="checkbox"/> Scrub Stove & Burners |
| <input type="checkbox"/> Clean Rooms     | <input type="checkbox"/> Declutter Cabinets    |
| <input type="checkbox"/> Change Beddings | <input type="checkbox"/> Vacuum upholstery     |

## YEARLY

- |   |  |
|---|--|
| <input type="checkbox"/> Empty Pantry       | <input type="checkbox"/> Deep Clean Windows    |
| <input type="checkbox"/> Empty Shelves      | <input type="checkbox"/> Clear out gutters     |
| <input type="checkbox"/> Deep clean carpets | <input type="checkbox"/> Deep Clean upholstery |
| <input type="checkbox"/> Dust lampshades    | <input type="checkbox"/> Aircon Cleaning       |



JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC





# Cleaning checklist

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MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

## DAILY

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## WEEKLY

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<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

## MONTHLY

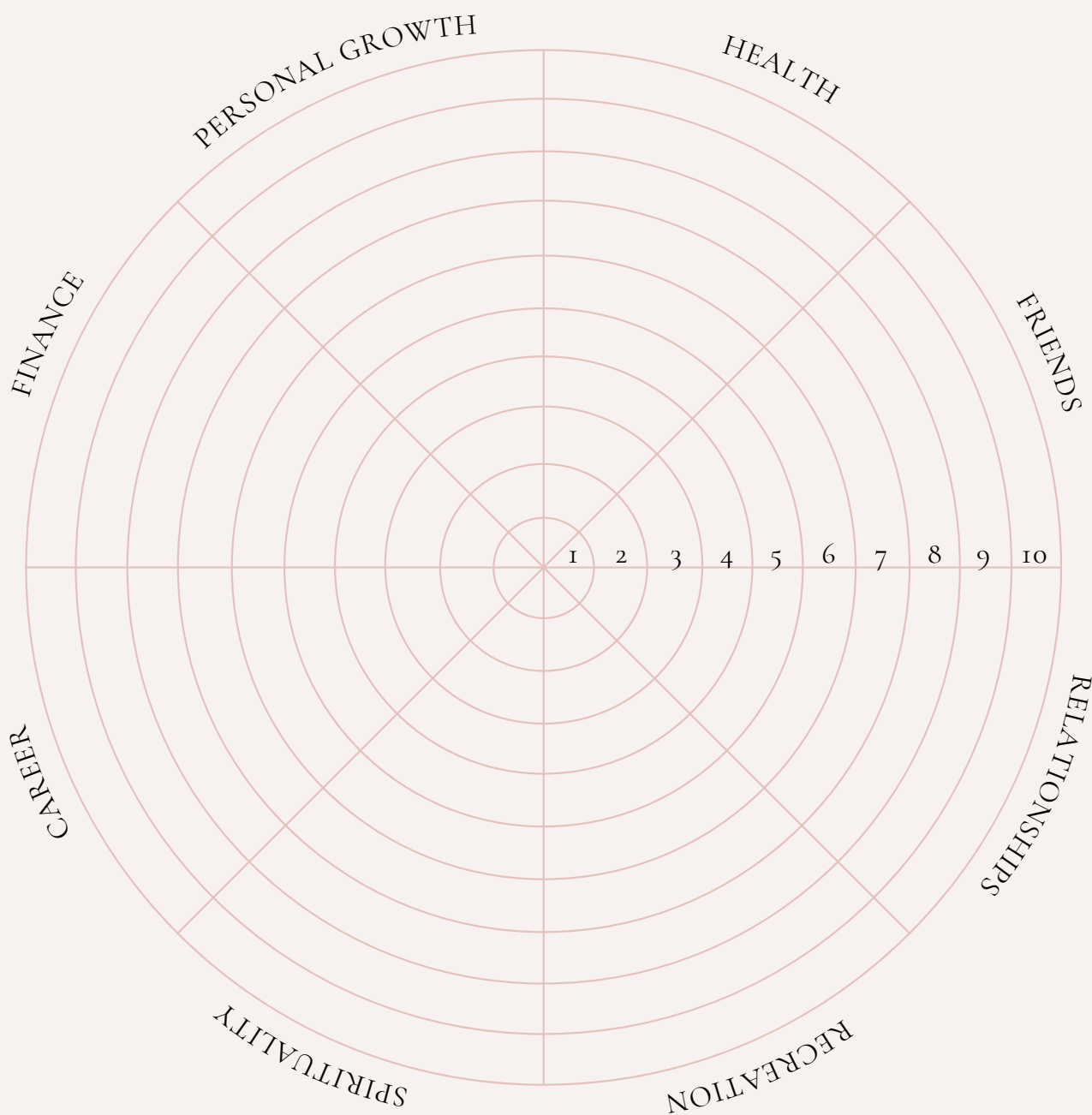
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

## YEARLY

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

# Wheel of life

The wheel of life is a great tool that helps you better understand what you can do to make your life more balanced. Think about the 8 life categories below, and rate them from 1-10.





JAN

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MAY

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# Weekly meal planner

## Breakfasts

Day 1 \_\_\_\_\_  
 Day 2 \_\_\_\_\_  
 Day 3 \_\_\_\_\_  
 Day 4 \_\_\_\_\_  
 Day 5 \_\_\_\_\_  
 Day 6 \_\_\_\_\_  
 Day 7 \_\_\_\_\_

## Lunches

Day 1 \_\_\_\_\_  
 Day 2 \_\_\_\_\_  
 Day 3 \_\_\_\_\_  
 Day 4 \_\_\_\_\_  
 Day 5 \_\_\_\_\_  
 Day 6 \_\_\_\_\_  
 Day 7 \_\_\_\_\_

## Dinners

Day 1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 3 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 4 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 5 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 6 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Day 7 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Snacks

Day 1 \_\_\_\_\_  
 Day 2 \_\_\_\_\_  
 Day 3 \_\_\_\_\_  
 Day 4 \_\_\_\_\_  
 Day 5 \_\_\_\_\_  
 Day 6 \_\_\_\_\_  
 Day 7 \_\_\_\_\_

## Grocery list

● \_\_\_\_\_  
 ● \_\_\_\_\_  
 ● \_\_\_\_\_  
 ● \_\_\_\_\_  
 ● \_\_\_\_\_  
 ● \_\_\_\_\_  
 ● \_\_\_\_\_

## Notes

\_\_\_\_\_



# Weekly workout planner

## SCHEDULE

MON

TUE

WED

THU

FRI

SAT

SUN

*Week's focus*

WHY THIS IS IMPORTANT TO ME?

MY REWARD

NOTES AND IDEAS

JAN

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# SMART goals

WHEN SETTING GOALS, MAKE SURE IT FOLLOWS THE SMART STRUCTURE. USE THE QUESTIONS BELOW TO CREATE YOUR GOALS.

S	<p><u>SPECIFIC</u></p> <p>WHAT DO I WANT TO ACCOMPLISH?</p>	
M	<p><u>MEASURABLE</u></p> <p>HOW WILL I KNOW WHEN IT IS ACCOMPLISHED?</p>	
A	<p><u>ACHIEVABLE</u></p> <p>HOW CAN THE GOAL BE ACCOMPLISHED?</p>	
R	<p><u>RELEVANT</u></p> <p>DOES THIS SEEM WORTHWHILE?</p>	
T	<p><u>TIME BOUND</u></p> <p>WHEN CAN I ACCOMPLISH THIS GOAL?</p>	



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# Mood tracker

	J	F	M	A	M	J	J	A	S	O	N	D
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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22												
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25												
26												
27												
28												
29												
30												
31												

MANTRA OF THE YEAR

## KEYS

- AMAZING  \_\_\_\_\_
- GOOD  \_\_\_\_\_
- PRODUCTIVE  \_\_\_\_\_
- AVERAGE  \_\_\_\_\_
- RELAXED  \_\_\_\_\_
- EXHAUSTED  \_\_\_\_\_
- DEPRESSED  \_\_\_\_\_
- BORED  \_\_\_\_\_
- SICK  \_\_\_\_\_

## NOTES



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# Book Ratings



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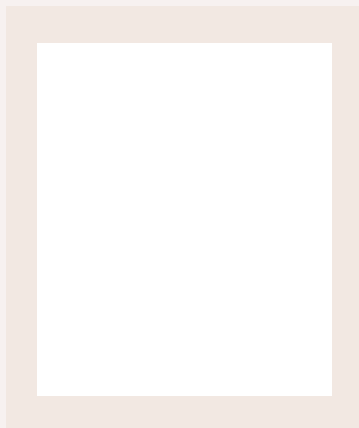
AUG

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OCT

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DEC



TITLE:

AUTHOR:

GENRE:

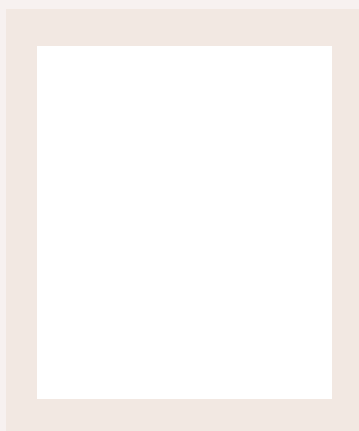
PAGE COUNT:

START DATE:

END DATE:

BOOK SUMMARY:

RATING



TITLE:

AUTHOR:

GENRE:

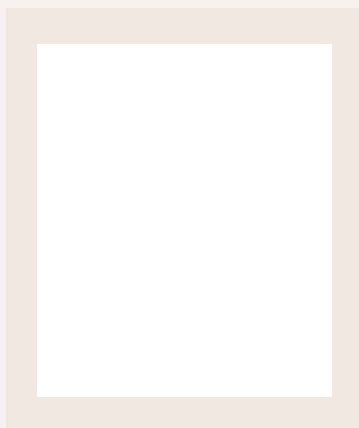
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START DATE:

END DATE:

BOOK SUMMARY:

RATING



TITLE:

AUTHOR:

GENRE:

PAGE COUNT:

START DATE:

END DATE:

BOOK SUMMARY:

RATING



TITLE:

AUTHOR:

GENRE:

PAGE COUNT:

START DATE:

END DATE:

BOOK SUMMARY:

RATING







# Reading tracker

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TEXT BOOK	
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CLASS	
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CHAPTERS	SUPPLEMENTAL READING	NOTES
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1	2	3		
4	5	6		
7	8	9		
10	11	12		
13	14	15		
16	17	18		
19	20	21		
22	23	24		



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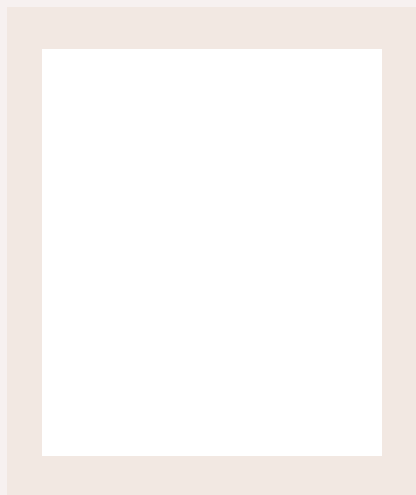
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# Movies tracker



TITLE:

DIRECTOR:

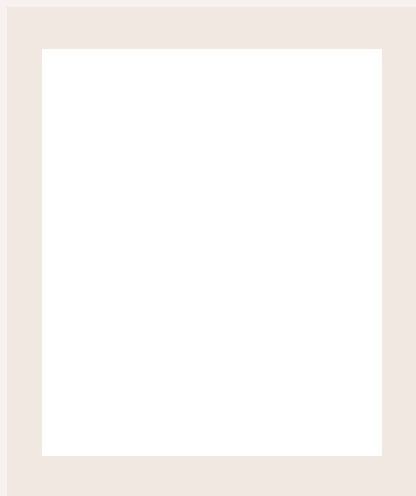
GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

RATING



TITLE:

DIRECTOR:

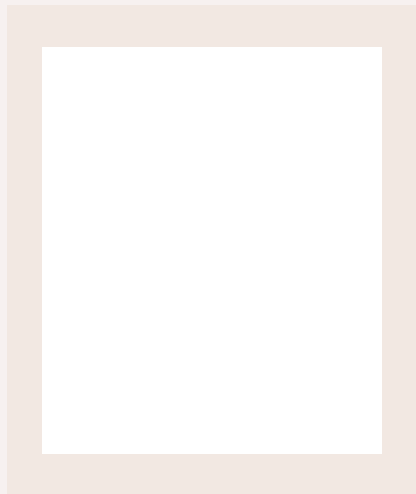
GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

RATING



TITLE:

DIRECTOR:

GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

RATING





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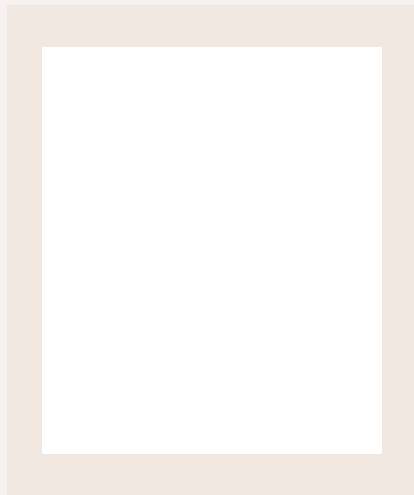
SEP

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# TV series tracker



TITLE:

DIRECTOR:

GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

RATING



TITLE:

DIRECTOR:

GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

RATING



TITLE:

DIRECTOR:

GENRE:

YAER RELEASED:

DATE WATCHED

SUMMARY:

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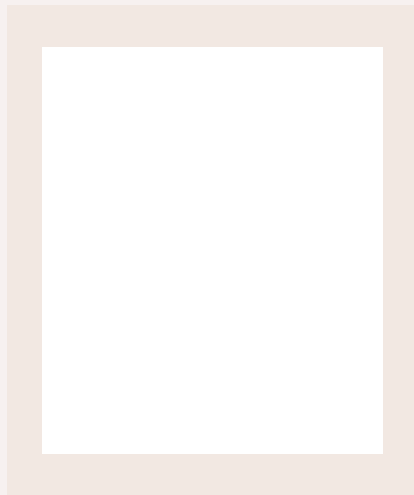
SEP

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# Podcasts tracker



TITLE:

AUTHOR:

GENRE:

TOTAL TIME

PODCAST SUMMARY:

RATING



TITLE:

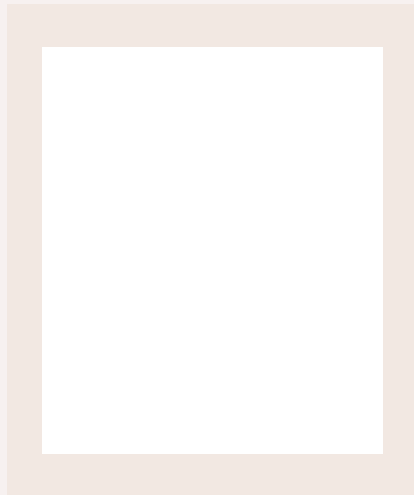
AUTHOR:

GENRE:

TOTAL TIME

PODCAST SUMMARY:

RATING



TITLE:

AUTHOR:

GENRE:

TOTAL TIME

PODCAST SUMMARY:

RATING





# YouTube channels

JAN

FEB

MAR

APR

MAY

JUN

JUL

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NOV

DEC

NOTES

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# Yearly finances

	INCOME	EXPENSES	SAVINGS	DIFFERENCE
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTAL:				

NOTES

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# Monthly budget planner

MONTH:

	GOAL	ACTUAL	DIFFERENCE (+/-)
EARNED			
SPENT			
SAVED			
DEBT			

FIXED EXPENSES	DATE	AMOUNT	VARIABLE EXPENSES	DATE	AMOUNT
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

NOTES

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# 52 weeks saving challenge

WEEK	DEPOSIT	BALANCE	DONE
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			

WEEK	DEPOSIT	BALANCE	DONE
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
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48			
49			
50			
51			
52			



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