My Planner

Date: / / 20 __

10 Min Space Maintainance

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It's Okay if you don't complete all the tasks.
YOU HAVE DONE WHAT YOU COULD!!

Checklist

- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner

Water Intake

Hygine

Morning Routine

- [ ] Brush Teeth
- [ ] Facial Routine
- [ ] Shower
- [ ]

Night Routine

- [ ] Brush Teeth
- [ ] Facial Routine

Reminder

When to Worry	Today	Tomorrow	Another Day
_____			
_____			
_____			

It's better to do one task at a time then none, You do have time and you can do it!!
You Got This!!

Pick up at store

Miscellaneous

Contacts

Priority of The Day - JUST ONE

	Appt 1	Appt 2	Appt 3	Appt 4
WHO				
WHAT				
DATE				
TIME				

Reminder for Apt 1

Reminder for Apt 2

Reminder for Apt 3

Reminder for Apt 4

Assignment:

What to be done

Deadline:

Assignment:

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Deadline:

Assignment:

What to be done

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What to be done

Deadline:

Completed:

Shopping Decisions:

WOULD YOU STILL NEED IT 24 HOURS LATER?	Y	N
ARE YOU COMPLETELY RUN OUT OF THE ONE YOU ALREADY HAVE?	Y	N
DOES IT BENEFIT YOUR PHYSICAL/MENTAL HEALTH?	Y	N

Time Decision:

IS IT A SHORT TASK, LOGICALLY?	Y	N
IS IT AN IMPORTANT TASK FOR YOUR PHYSICAL/MENTAL HEALTH?	Y	N
IS IT DOABLE?	Y	N

Pro	Con

Pro	Con

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Daily Routine

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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