



Daffodil
Therapy
& Care

MY PLANNER

SUNDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

MONDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

TUESDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

WEDNESDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

THURSDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

FRIDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

SATURDAY

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

weather



daily priorities



to do list



reminders



water balance



my mood



notes

PASSWORD LOG

website:

username:

password:

email linked:

website:

username:

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email linked:

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email linked:

TO-DO LIST

week: _____

sunday



tuesday



thursday



saturday



monday



wednesday



friday



others



THIS MONTH

appointments

events

my goals

-
-
-
-
-
-
-
-
-
-

bills

birthdays

to do list

-
-
-
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-
-

notes

MONTH AT A GLANCE

month: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

IMPORTANT

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IMPORTANT DATES

month: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

YEARLY GOALS

year: _____

january

february

march

april

may

june

july

august

september

october

november

december

MY WORKING WEEK

monday

goals for the week

-
-
-

tuesday

to-do list

-
-
-
-
-
-
-
-
-
-

wednesday

thursday

friday

notes

BIRTHDAYS TO REMEMBER

january

february

march

april

may

june

july

august

september

october

november

december

WEEKLY PLANNER

monday

goals for the week

-
-
-

tuesday

shopping list

-
-
-
-
-
-
-
-
-

wednesday

thursday

notes

friday



Daffodil
Therapy
& Care

SELF-CARE PLANNER

MY SKINCARE ROUTINE

morning routine

beauty routine	product	s	m	t	w	t	f	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"/>
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_____	_____	<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"/>

evening routine

beauty routine	product	s	m	t	w	t	f	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"/>
_____	_____	<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"/>

PERIOD LOG

month: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

information

color key

cycle start:

days in cycle:

menstruation flow:

next cycle start date:

symptoms:

notes

MY BEAUTY ROUTINE

morning routine

beauty routine	product	s	m	t	w	t	f	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"/>

evening routine

beauty routine	product	s	m	t	w	t	f	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"/>

before bed routine

beauty routine	product	s	m	t	w	t	f	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"/>

VITAMINS & SUPPLEMENTS

item	dosage	s	m	t	w	t	f	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"/>

item	dosage	s	m	t	w	t	f	s
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_____	_____	<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"/>

item	dosage	s	m	t	w	t	f	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"/>

item	dosage	s	m	t	w	t	f	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"/>

APPOINTMENTS

month: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

WHAT THINGS MAKE ME FEEL STRESSED?

In each ellipse, add something that is a stressor to you.



WHAT THINGS MAKE ME FEEL STRESSED?

Answer the questions below to analyze the stressors
you've mentioned on the previous page.

What do you think most people are stressed about?

What stresses me out the most?

What is within my control, and what is without?

WHAT THINGS MAKE ME FEEL STRESSED?

Will anything change if I worry about it?

Can I improve this situation by changing my attitude towards it?

“Stop overthinking. You are only creating problems that aren’t there.” Do I make small problems big? In what ways?

WHAT THINGS MAKE ME FEEL STRESSED?

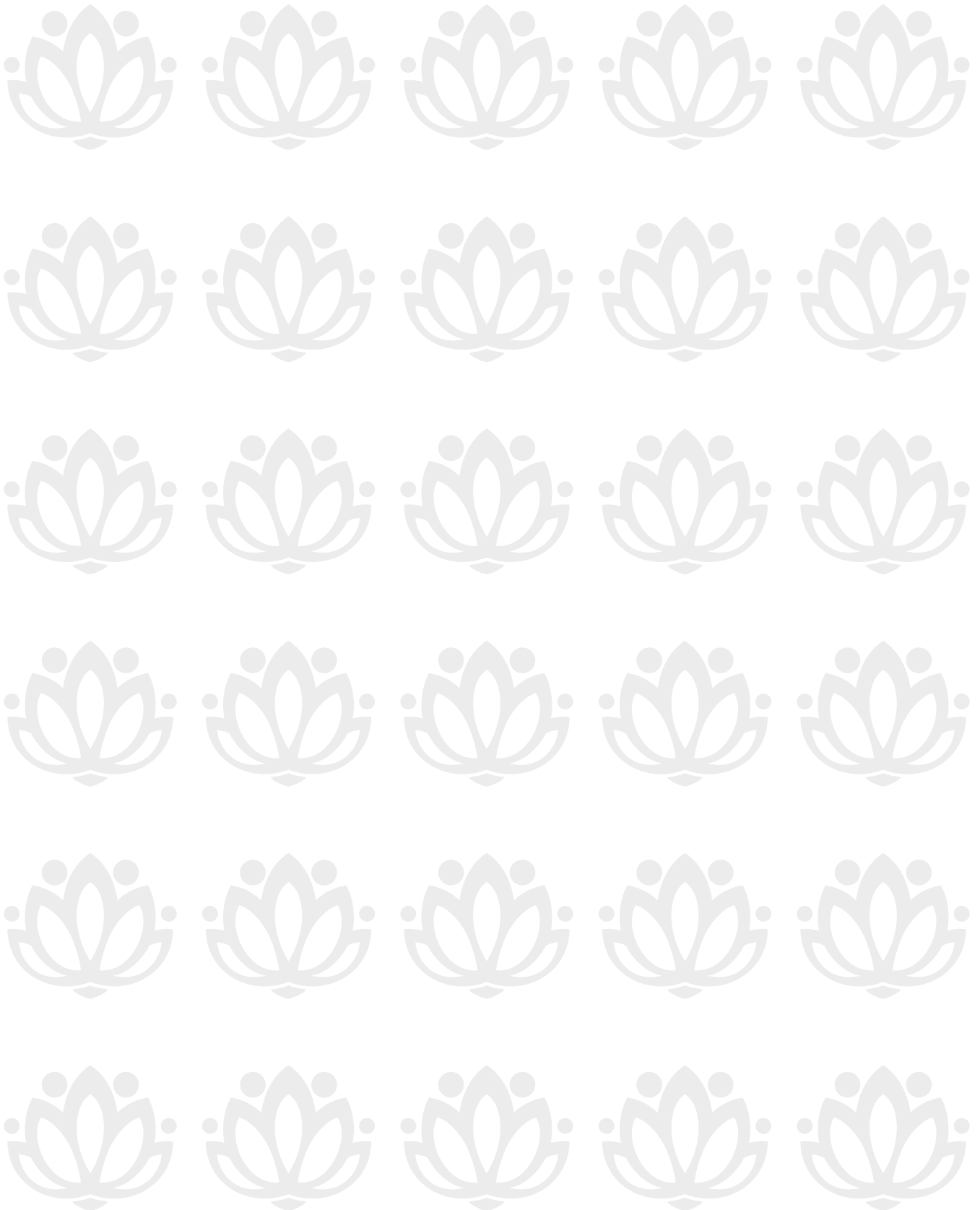
Do I absorb other people's emotions?

Do certain people make me feel worse after I talk to them?

Can I do anything about it?

What helps me to calm myself down?

30-DAY MEDITATION CHALLENGE



THOUGHT LOG

date	event	thought	consequence	rational counterstatement

MOOD TRACKER

date: _____

highlights of the day

things that could be improved

my emotions

what made me feel that way

MAKE YOUR DREAMS COME TRUE

Be specific

How is my normal day different from the ideal day?

Is there anything I can do NOW to make my life better?

How will I feel if I get a chance to live my dream day?

What things make it seem so imperfect?

MAKE YOUR DREAMS COME TRUE

What things will help me to start living my dreams?

What already makes my life good?

What do I need to change?

How much money do I need to start living my dream life?

TRIGGER TRACKING

Write down your triggers and emotions they cause.

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FOCUS PLAN

date: _____

define the task

Break the task into smaller parts to make them more manageable.

task parts	time required
1.	
2.	
3.	
4.	
5.	

Create a schedule.

schedule	reminders

COUNTERING ANXIETY

Imagine you are faced with anxiety-producing situations from above.
Describe the...

Worst outcome

Best outcome

Likely outcome

Would it still be important 1 year from now? Why?

ANXIETY BREAKDOWN

What is triggering my anxiety?

What thoughts am I having? How do they make me feel?

How is my body responding? What emotions cause this reaction?

What can I do to calm my body down?

What helps me to reduce my anxiety?

ANXIETY VS. TRUTH

Whenever you experience anxiety, your mind might begin racing with thoughts that aren't always true. Define what's true and what's not.



DECATASTROPHIZING

What am I worried about?

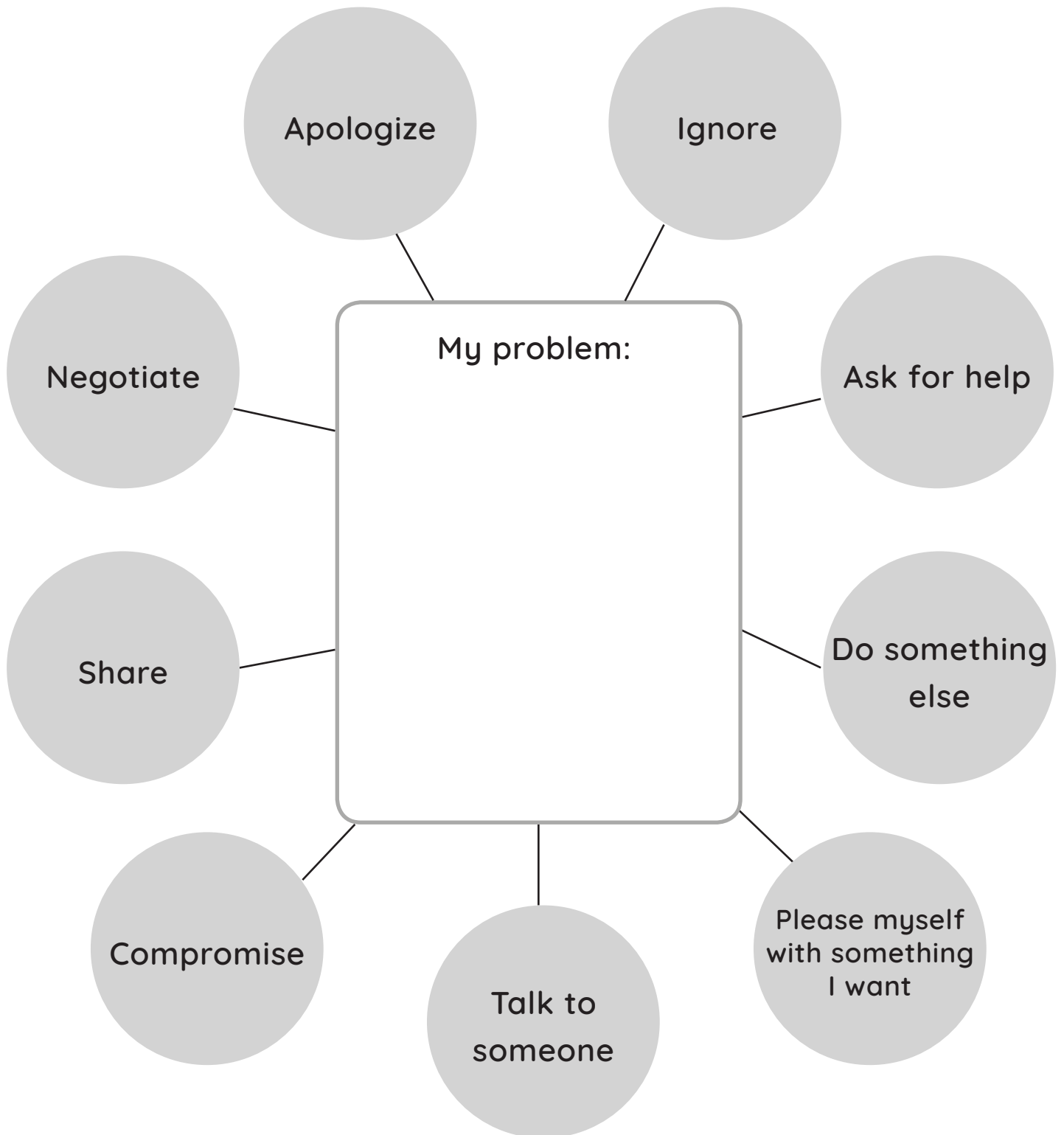
How likely is it that my worry will come true? Give examples or past situations.

If my worry does come true, what's the worst that could happen?

If my worry does come true, what's most likely to happen?

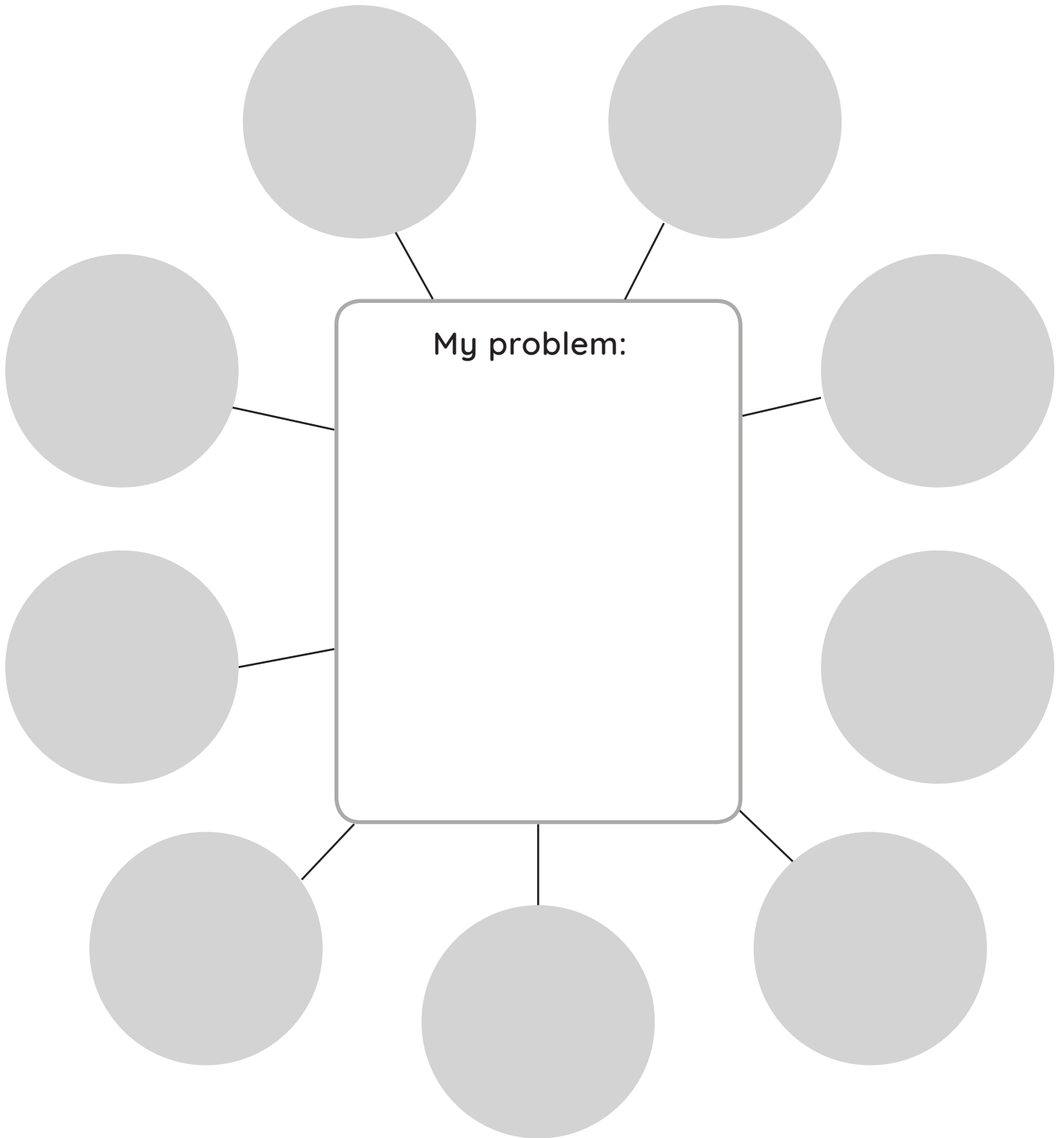
Would it still be important 1 year from now? Why?

PROBLEM-SOLVING



PROBLEM-SOLVING

Write down your options





Daffodil
Therapy
& Care

FITNESS &
HEALTH

6 HEALTHY HABITS

Go to bed and wake up at the same time

<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"/>

Do quick workouts everyday

<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"/>

Read at least 20 pages a day

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<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"/>

Walk 10,000 steps per day

<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"/>

Eat more vegetables

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<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"/>

Drink enough water

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<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"/>

CALORIE TRACKER

date: _____

breakfast

proteins

carbs

fats

calories

lunch

dinner

snacks

MY MEASUREMENTS

month: _____

arms

week 1:

week 2:

week 3:

week 4:

difference:

legs

week 1:

week 2:

week 3:

week 4:

difference:

hips

week 1:

week 2:

week 3:

week 4:

difference:

waist

week 1:

week 2:

week 3:

week 4:

difference:

bust

week 1:

week 2:

week 3:

week 4:

difference:

weight

week 1:

week 2:

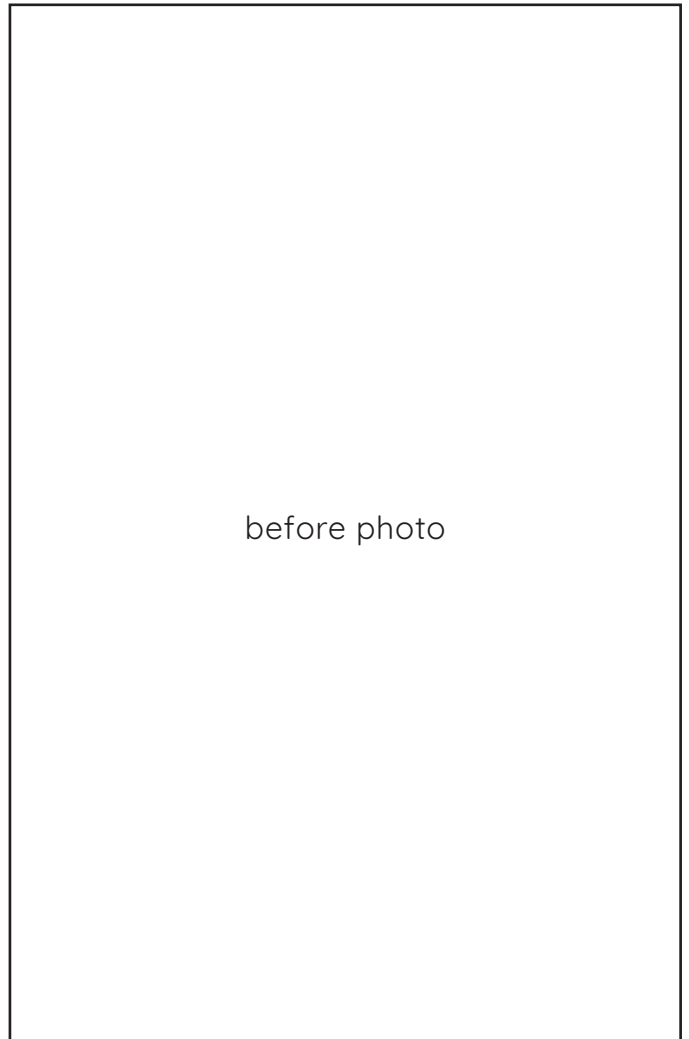
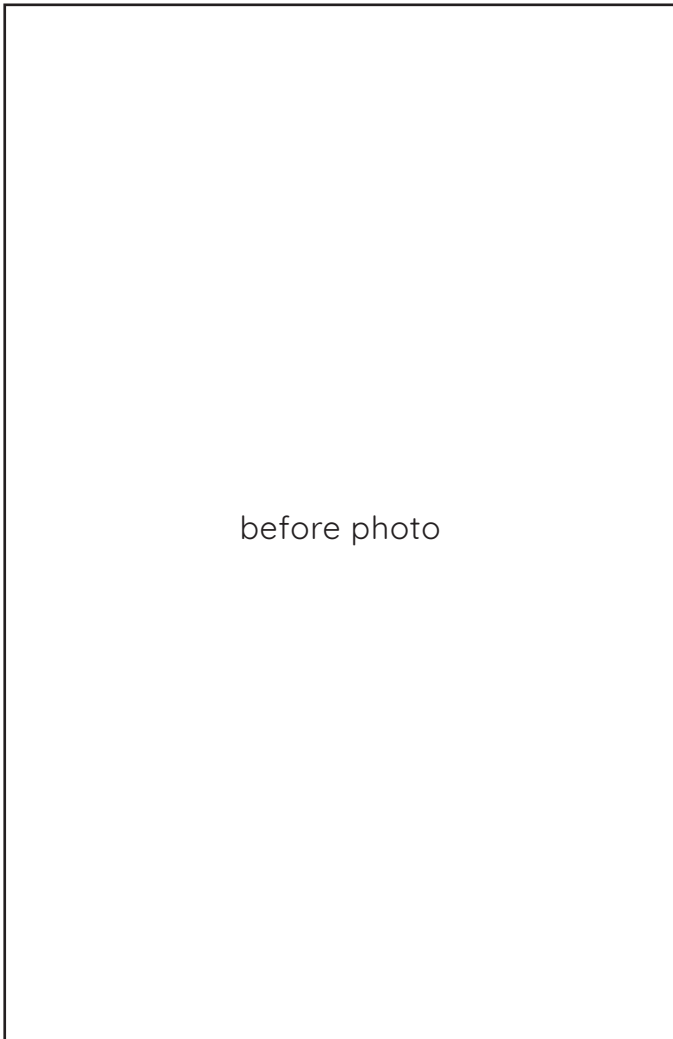
week 3:

week 4:

difference:

notes

BEFORE & AFTER



date:

weight:

bust:

waist:

arm:

hips:

thigh:

date:

weight:

bust:

waist:

arm:

hips:

thigh:

WORKOUT PLAN

date: _____

muscles group: _____

day	weights	reps	sets	time

WORKOUT SCHEDULE

	sunday	monday	tuesday	wednesday	thursday	friday	saturday
week 1							
week 2							
week 3							
week 4							

WORKOUT PROGRAM IN GYM

Legs & glutes

- Warm up - 10-15 minutes
- Dumbbell Walking Lunges - 3 sets of 10 reps, each leg
- Barbell Hip Thrusts - 3 sets of 10 reps
- Bulgarian Split Squats - 3 sets of 12 reps, each leg
- Barbell Deadlift - 3 sets of 10 reps
- Hamstring Curls - 3 sets of 12 reps
- Take 60 to 90 seconds rest in between each set.

Arm & shoulder

- Warm up - 10-15 minutes
- Boxer Squat Punch - 3 sets of 20 reps
- Elbow Squeeze Press - 3 sets of 15 reps
- Bicep Curls - 3 sets of 15 reps
- Tricep Dips - 3 sets of 12 reps
- Dumbbell Punches - 3 sets of 15 reps
- Take 60 to 90 seconds rest in between each set.

Back & abs

- Warm up - 10-15 minutes
- Suspension Row - 3 sets of 12 reps
- Seated Cable Row - 3 sets of 12 reps
- Bent-Over Dumbbell Row - 3 sets of 10 reps
- Bicycle crunches - 3 sets of 20 reps
- Leg raise - 3 sets of 20 reps
- Take 60 to 90 seconds rest in between each set.

Stretching & cardio

- Warm up - 10-15 minutes
- Running / Incline walking - 45 minutes
- Upward Facing Dog
- Downward Facing Dog
- Pigeon
- Head-to-Knee Forward Bend
- Forward Bend

notes

WORKOUT PROGRAM IN GYM

Legs & glutes

- Warm up - 10-15 minutes
- Backward Lunges - 3 sets of 15 reps, each leg
- Glute Bridge - 3 sets of 15 reps
- Squat - 3 sets of 20 reps
- Donkey Kicks
- 3 sets of 15 reps, each leg
- Hamstring Curls - 3 sets of 12 reps
- Take 60 to 90 seconds rest in between each set.

Arm & shoulder

- Warm up - 10-15 minutes
- Push-up - 3 sets of 10 reps
- Inchworm - 3 sets of 10-12 reps
- Boxer Squat Punch - 3 sets / 60 seconds
- Tricep Dips - 3 sets / 45 seconds
- Dumbbell Punches (use water bottles) - 3 sets of 15 reps
- Take 60 to 90 seconds rest in between each set.

Back & abs

- Warm up - 10-15 minutes
- Reverse Snow Angels - 3 sets of 15 reps
- Dolphin Kick - 3 sets of 15 reps
- Plank - 3 sets / 3-5 minutes each
- Bicycle crunches - 3 sets of 20 reps
- Leg raise - 3 sets of 20 reps
- Take 60 to 90 seconds rest in between each set.

Stretching & cardio

- Warm up - 10-15 minutes
- Running / walking around neighborhood - 45 minutes
- Upward Facing Dog
- Downward Facing Dog
- Pigeon
- Head-to-Knee Forward Bend
- Forward Bend

notes

WORKOUT SCHEDULE

month: _____

sunday

monday

tuesday

wednesday

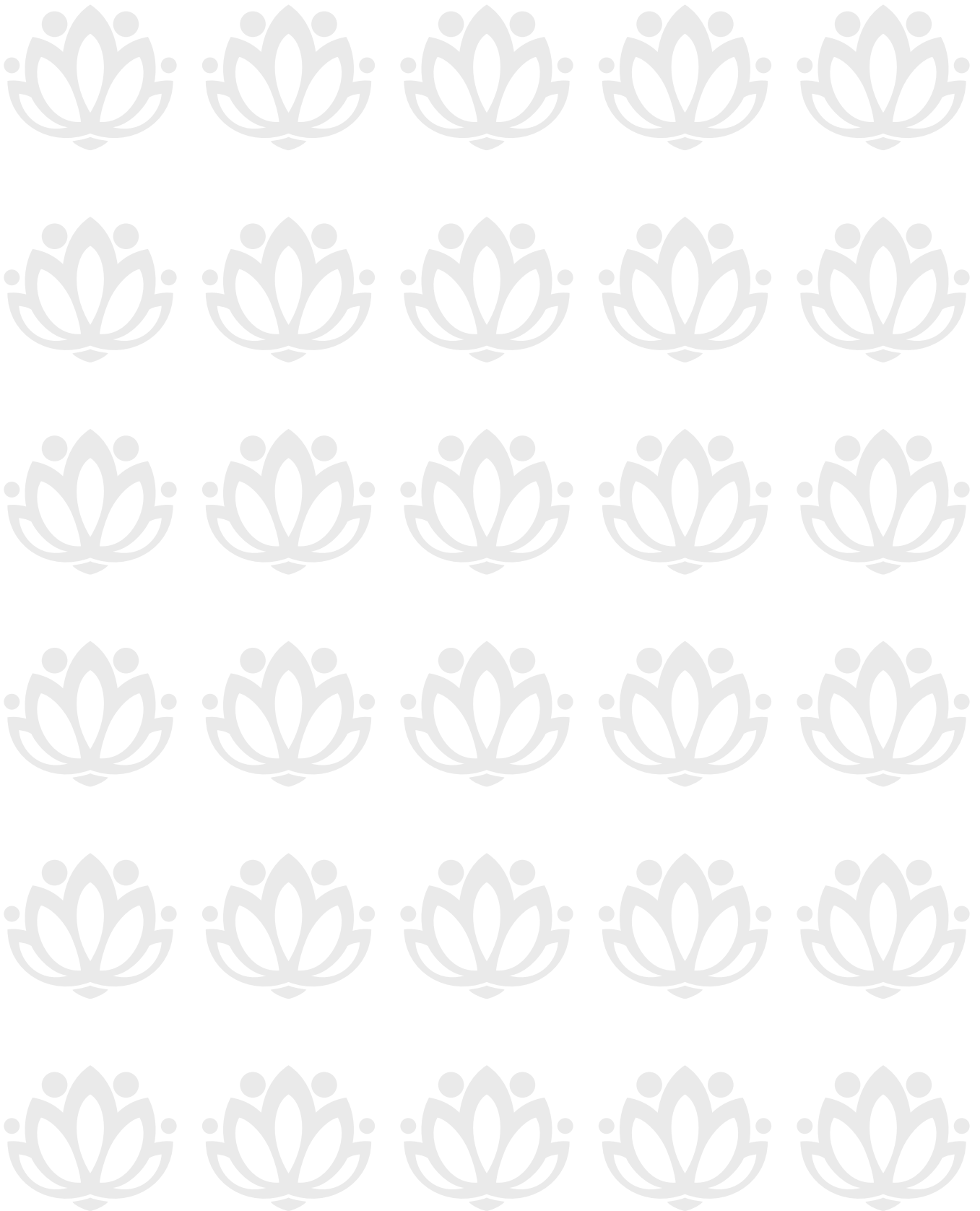
thursday

friday

saturday

notes

30 DAYS OF YOGA



MY GOAL

start date: _____

end date: _____

my goal

steps to reaching my goal

things to help me reach my goal



notes

WATER TRACKER

month: _____

day	1 cup	2 cups	3 cups	4 cups	5 cups	6 cups	7 cups	8 cups
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notes

HABIT TRACKER

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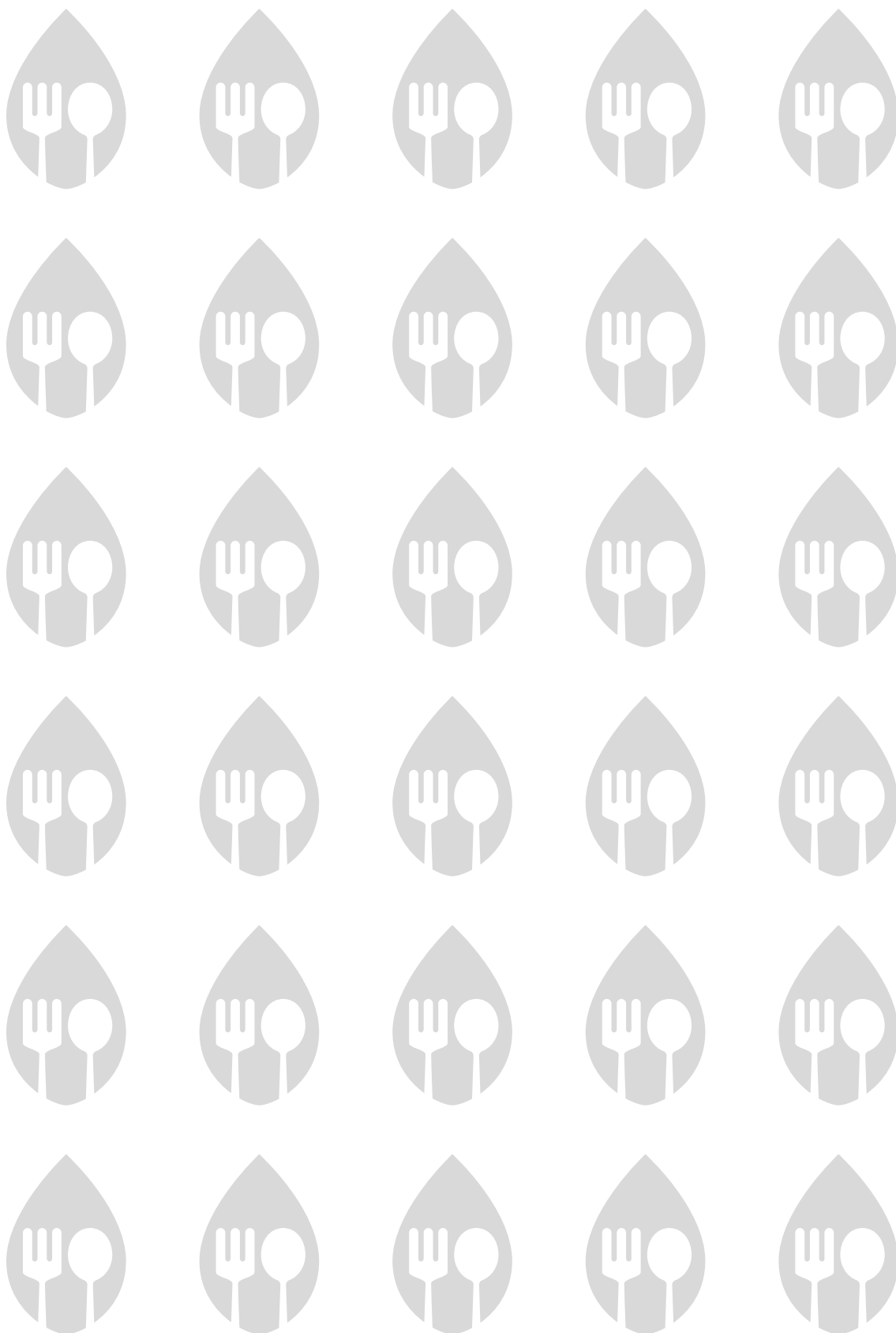
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30-DAY CLEAN EATING CHALLENGE



MY 30-DAY CHALLENGE

challenge: _____ start: _____ end: _____

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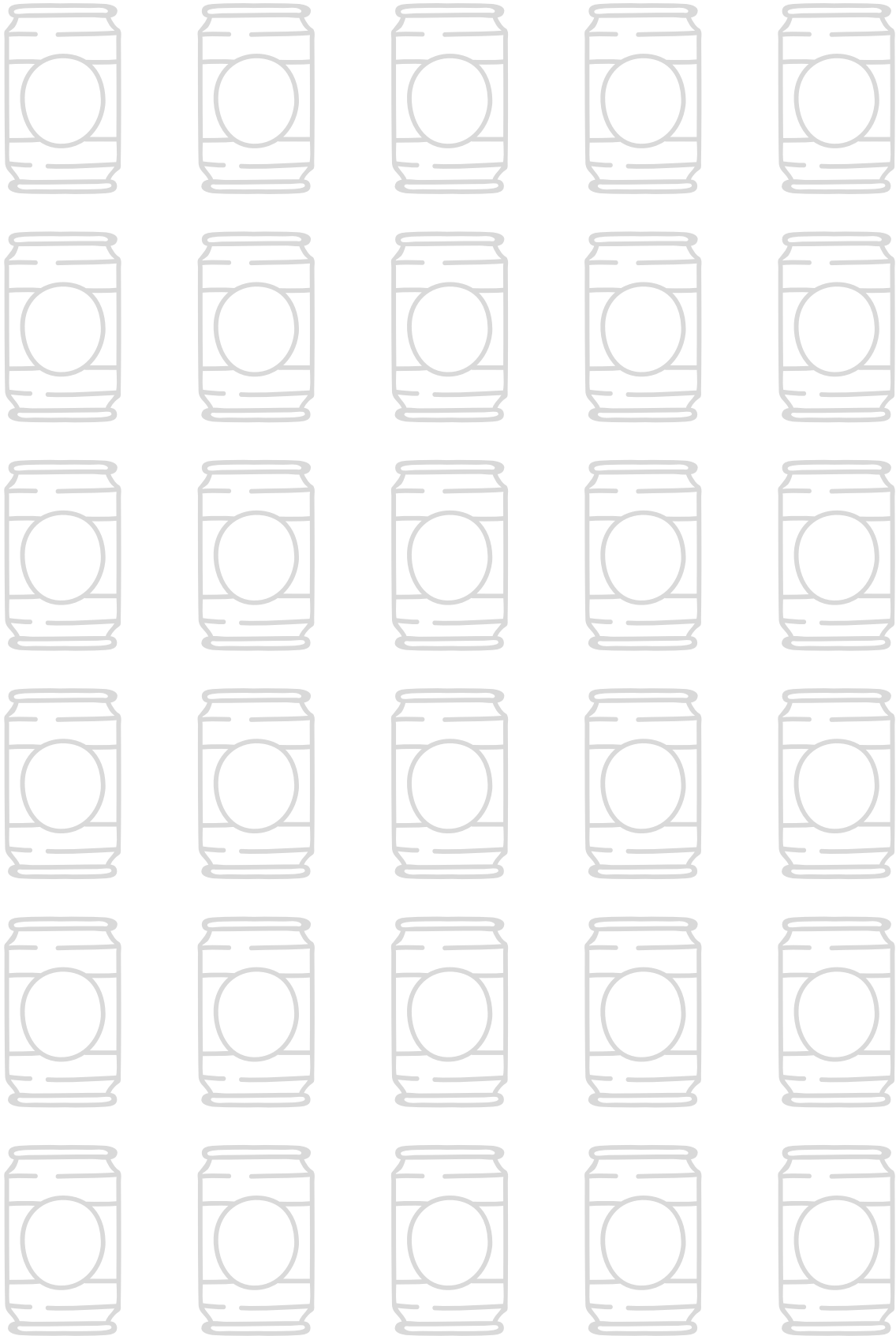
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30-DAY NO SODA CHALLENGE



30-DAY CHALLENGE

start: _____

end: _____

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- 30

challenge

motivation

action plan

reasons

STEP TRACKER

month: _____

daily goal: _____

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6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30



Daffodil
Therapy
& Care

HOUSEHOLD PLANNER

GROCERY LIST

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NEED TO BUY

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GROCERY LIST

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DECLUTTER CHECKLIST

kitchen



dining room



pantry



living room



bedroom 1



bedroom 2



laundry room



garage



other



DECLUTTER CHECKLIST

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CHORE CHART

morning chore

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afternoon chore

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evening chore

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FAMILY CLEANING CHECKLIST

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WEEKLY CHORE LIST

week: _____

sunday



tuesday



thursday



saturday



monday



wednesday



friday



others



LAUNDRY SCHEDULE

week: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

others

MEAL PLANNER

week: _____

sunday

to buy



monday

tuesday

wednesday

notes

thursday

friday

saturday

MEAL PLANNER

week: _____

breakfast: _____

menu: _____

time: _____

calories	protein	carbs	fat

lunch: _____

menu: _____

time: _____

calories	protein	carbs	fat

dinner: _____

menu: _____

time: _____

calories	protein	carbs	fat

snacks: _____

menu: _____

time: _____

calories	protein	carbs	fat

notes

MEAL PLANNER

week: _____

sunday

to buy



monday

tuesday

wednesday

notes

thursday

friday

saturday



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FINANCES PLANNER

ANNUAL INCOME TRACKER

month	source	amount	total
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

total income:

SAVINGS TRACKER

year: _____

month	source	amount saved	total savings
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

total annual savings:

SAVINGS TRACKER

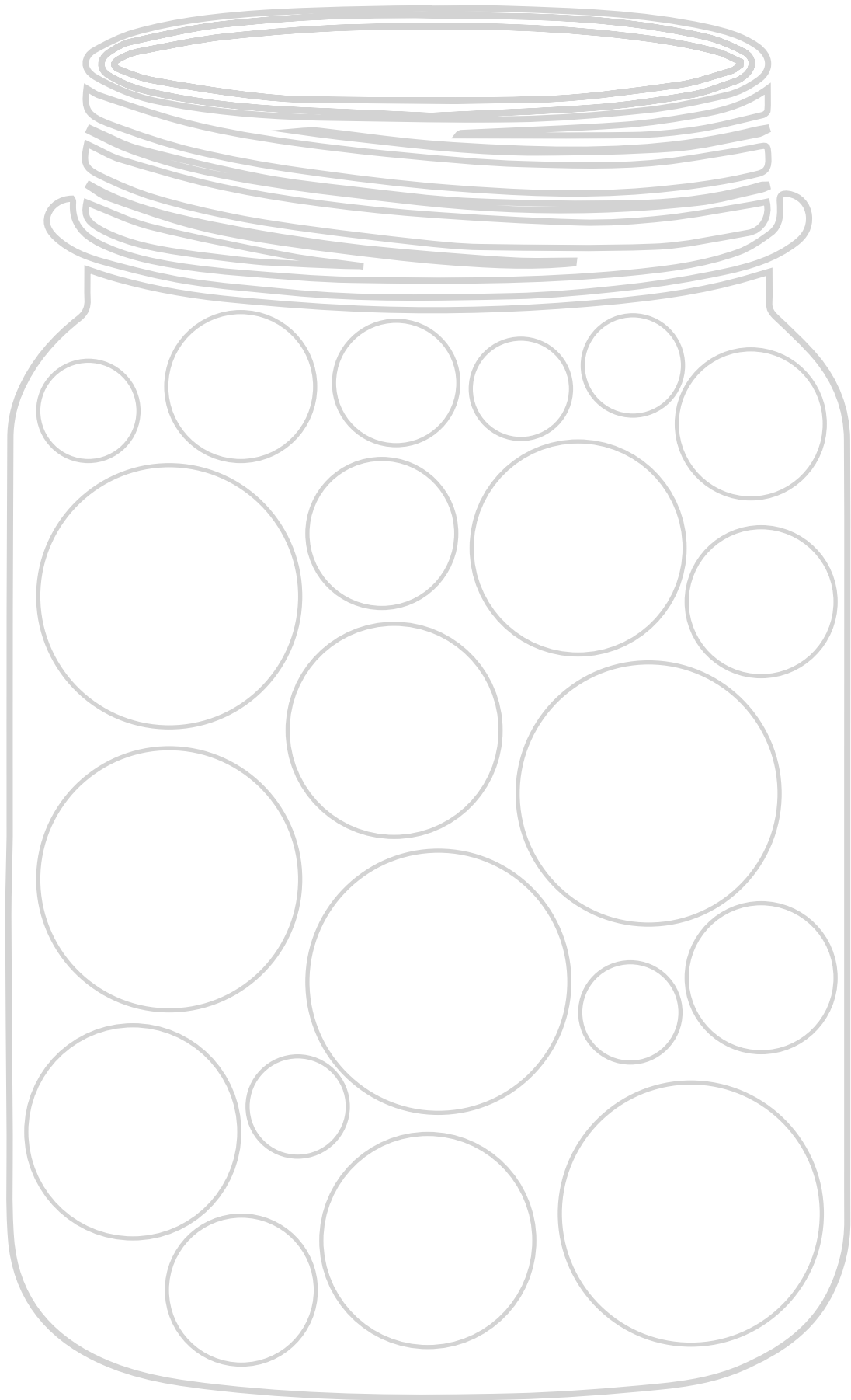
monthly goal: _____



- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

MY SAVINGS JAR

target goal: _____



4 SAVING GOALS YOU SHOULD SET TODAY

Set these savings goals today!

When you establish financial goals, you can easily track your progress. And you can make sure you're using money on things that are meaningful to you and that add real value to your life.

Start by setting these four goals for yourself today if you haven't already achieved them. When you can check these items off your to-do list, you'll have a lot more financial security, and you'll be glad you made the effort.







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STUDY
PLANNER

DAILY PLAN

date: _____

schedule

5am

6am

7am

8am

9am

10am

11am

12pm

1pm

2pm

3pm

4pm

5pm

6pm

7pm

8pm

9pm

10pm

11pm

12am

my mood



to do list



daily priorities



homework for today



notes

WEEKLY LEARNING PLAN

monday

goals for the week



tuesday

to-do list



wednesday



thursday

notes

friday

PERSONAL STUDY GOALS

subject: _____

■

■

■

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■

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■

■

■

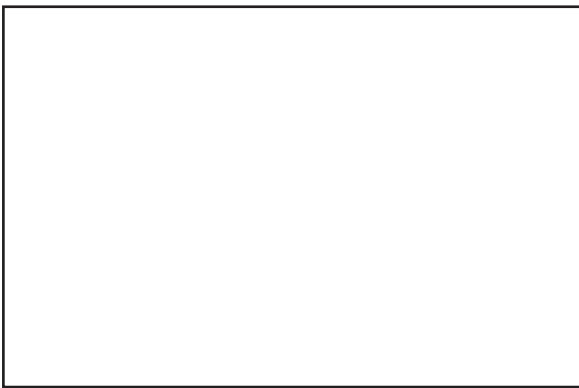
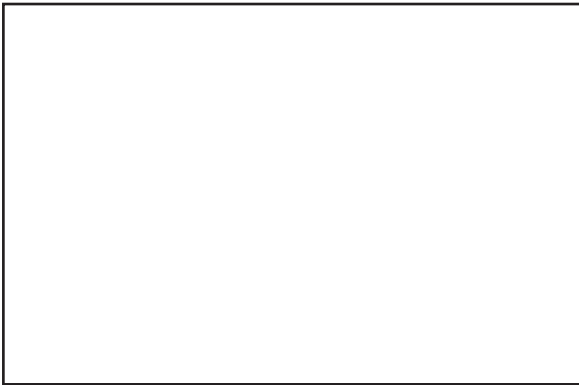
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notes

MY STUDY PROBLEMS

problem

solution



PROCASTINATION TRACKER

Analyze the things that make you procrastinate and what you can do to avoid them in the future.

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READING PLANNER

MY READING PLAN

year: _____

january

february

march

april

may

june

july

august

september

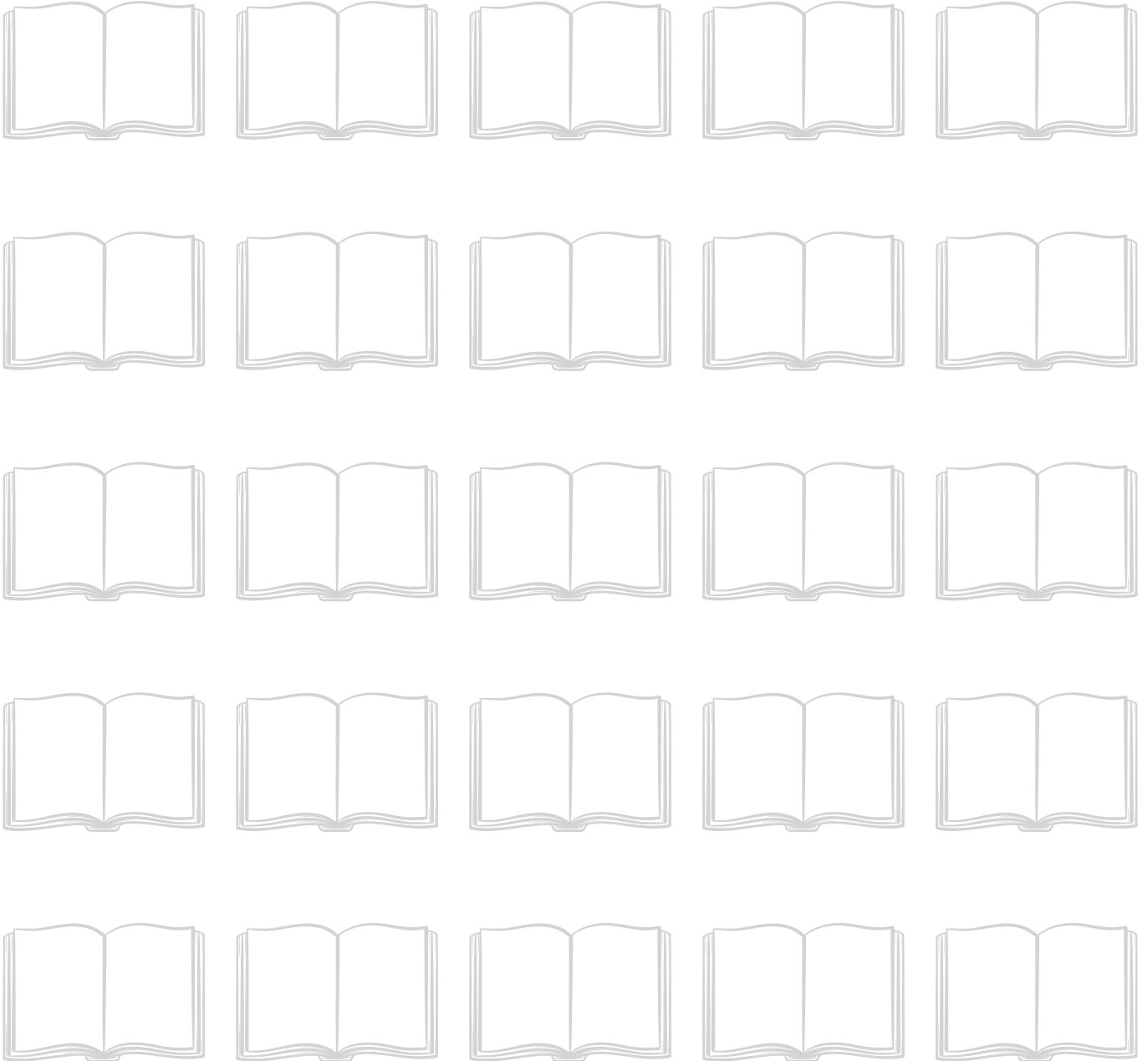
october

november

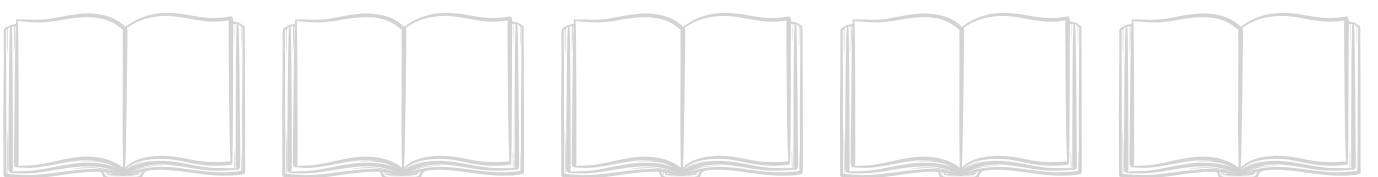
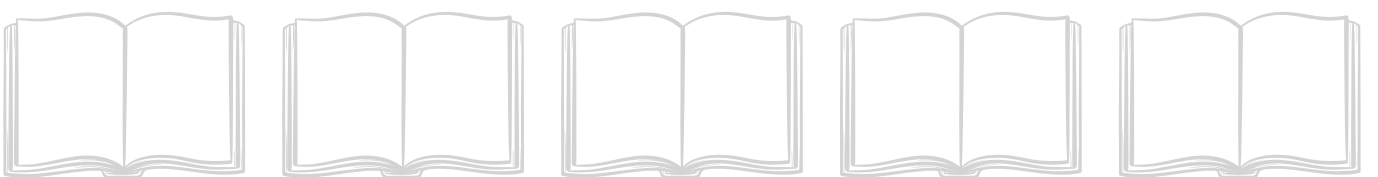
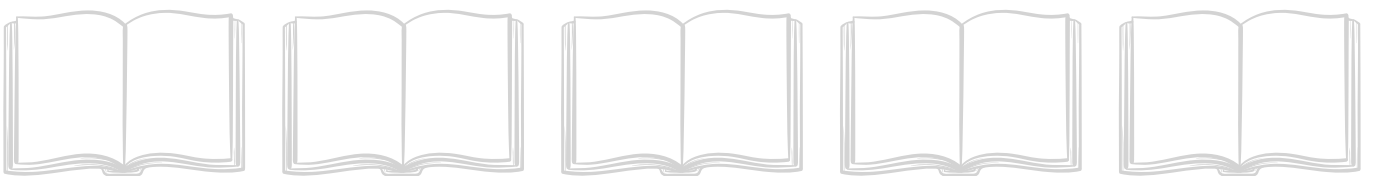
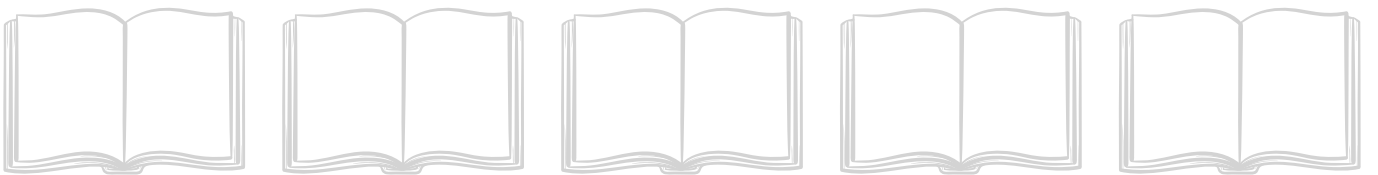
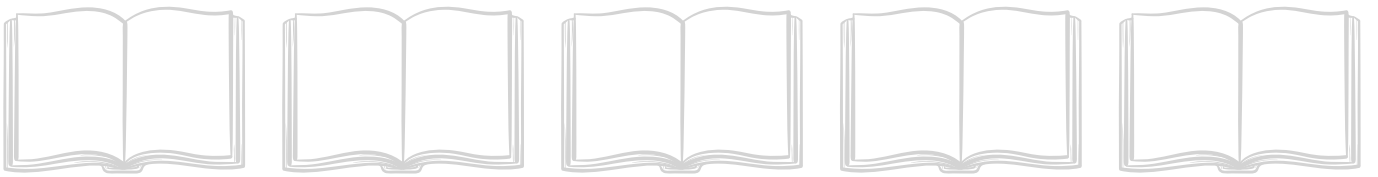
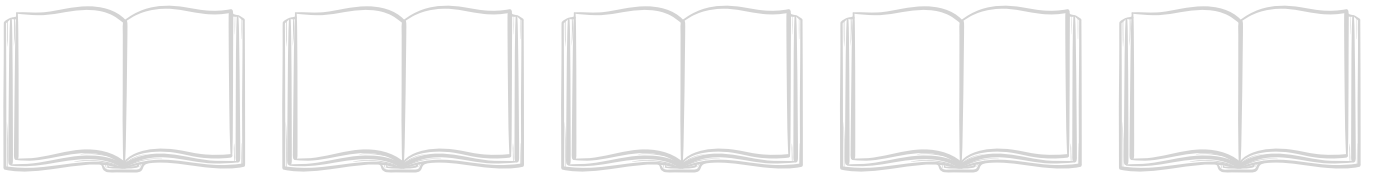
december

30-DAY READING CHALLENGE

goal:



BOOK WISHLIST



FAVORITE QUOTES

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BOOK REVIEW

title & author: _____

my thoughts

main ideas







plot

main characters

my rating



conclusion

FAVORITE AUTHORS & BOOKS

book:

author:

genre:

rating: 

book:

author:

genre:

rating: 

book:

author:

genre:

rating: 

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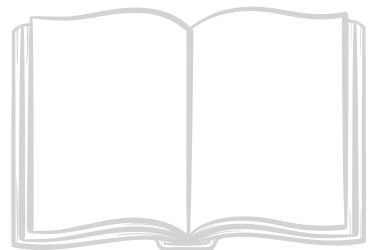
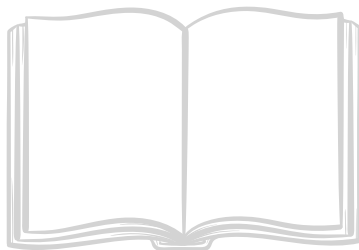
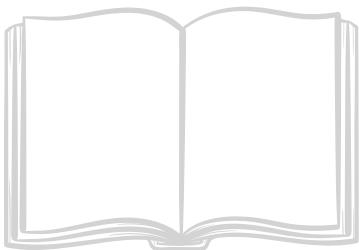
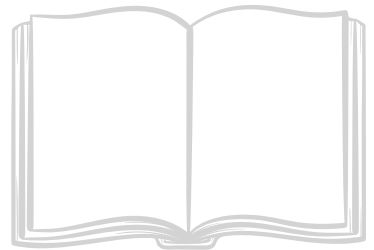
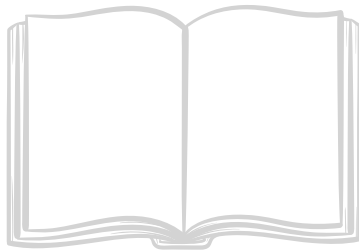
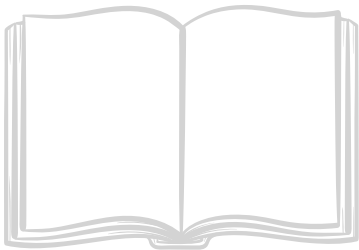
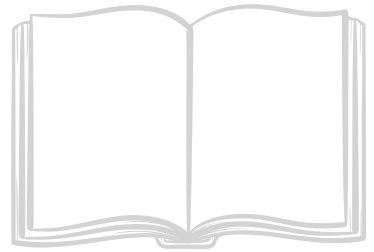
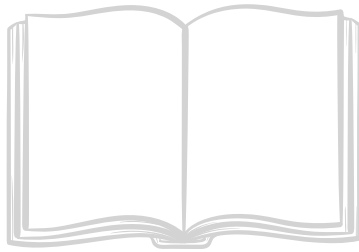
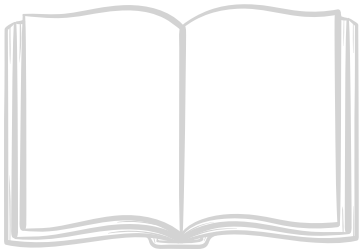
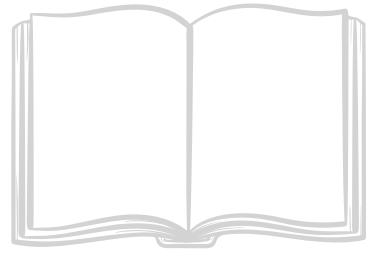
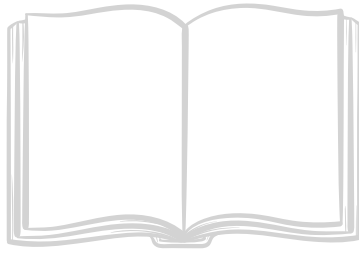
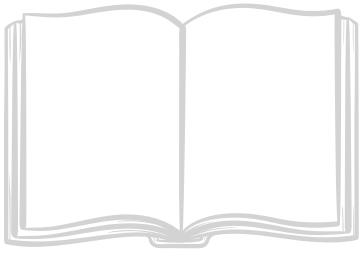
book:

author:

genre:

rating: 

MY TOP BOOKS



MY MOTIVATION TO READ BOOKS

1

2

3

4

5

6

7

8

9

10

11

12



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TRAVELLING PLANNER

TRAVEL ITINERARY

dates of travel: _____

day 1

day 2

day 3

day 4

day 5

day 6

notes

TRAVEL ITINERARY

dates of travel: _____

destination: _____

flight departure: _____

duration of stay: _____

flight arrival: _____

travel budget

hotel details

hotel details

must visit

- _____
- _____
- _____
- _____
- _____

activities

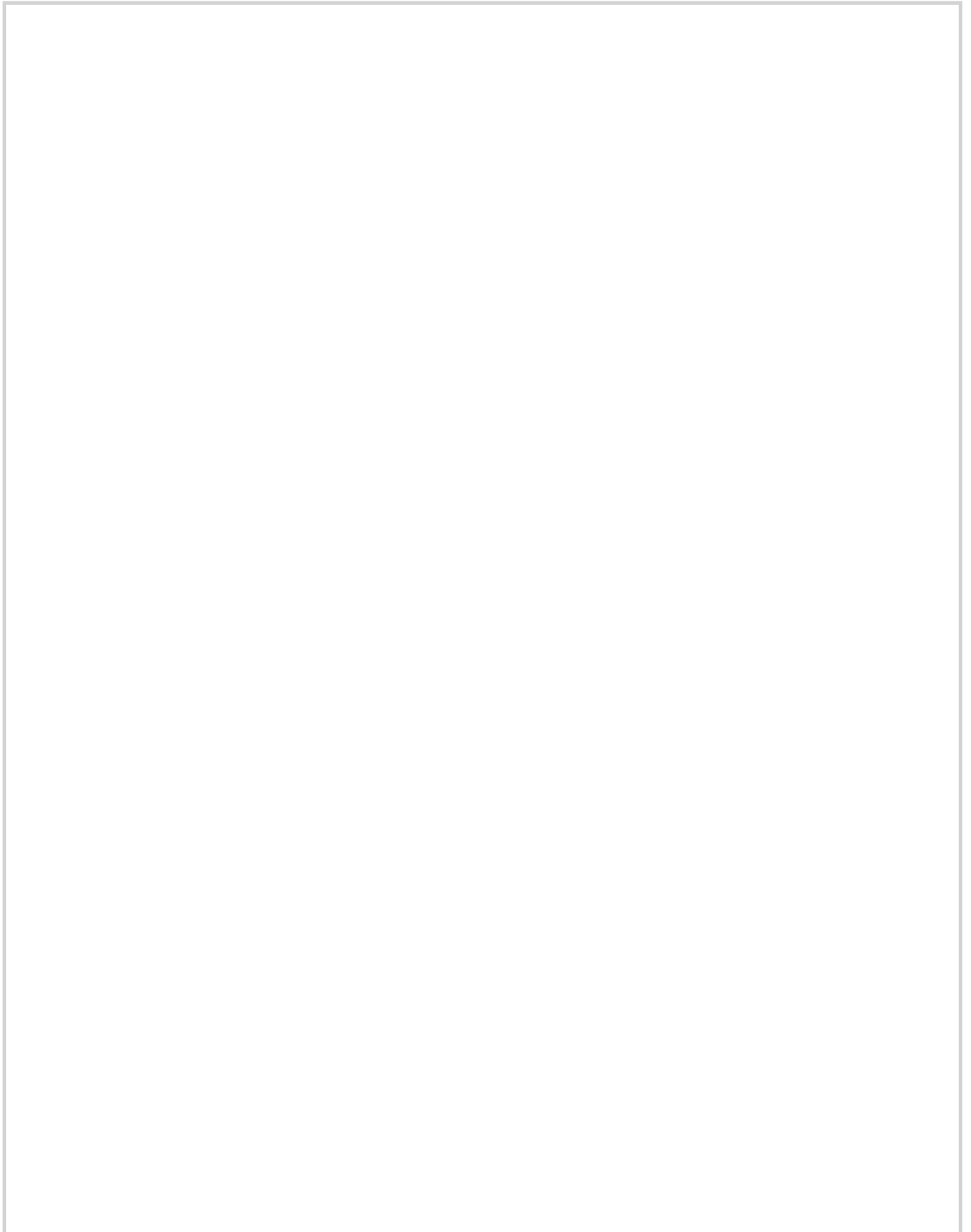
to bring

- _____
- _____
- _____
- _____
- _____

notes

PACKING LIST

PERFECT VACATION IDEAS



TRAVEL DOCUMENTS

general

extras

for kids

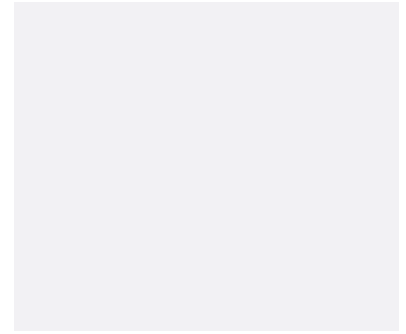
others



PET CARE PLANNER

PET INFORMATION

name: _____
age: _____ gender: _____
breed: _____ eye color: _____
special markings: _____



veterinarian

name: _____
phone number: _____
address: _____
email address: _____
office hours: _____
notes: _____

medical remarks

vaccination

date	vaccine	expiration	notes

heartworm record

date	vaccine	expiration	notes

notes

PET SITTER INFORMATION

pet care for:

name:

veterinarian:

contact info:

contact info:

address:

address:

food & treats

feeding times	amount of food	favorite treats	treats frequency

medication & allergies

allergies	medications	medicines	habits	others

emergency contacts

pet favorite toys

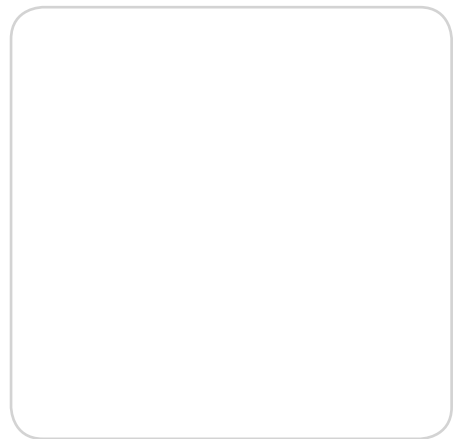
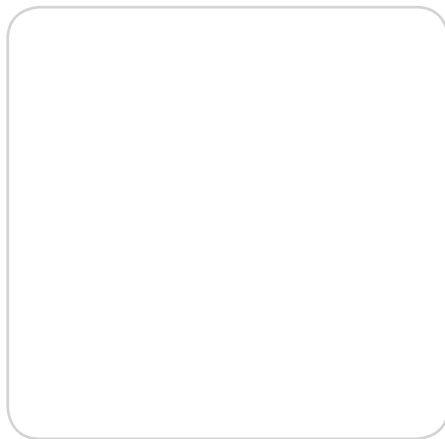
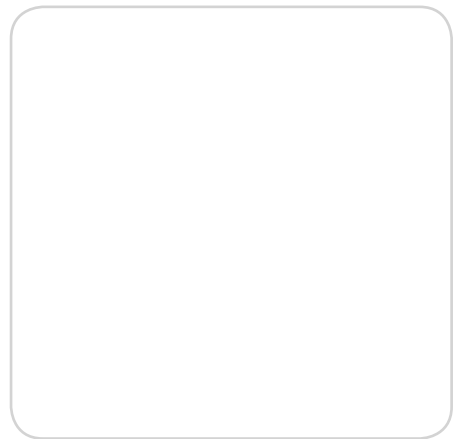


Daffodil Therapy & Care

NOTES

TO-DO

IMPORTANT





Daffodil
Therapy
& Care

MY CALENDAR

JANUARY

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

FEBRUARY

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

MARCH

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

APRIL

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

MAY

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

JUNE

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

JULY

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

AUGUST

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

SEPTEMBER

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

OCTOBER

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

NOVEMBER

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes

DECEMBER

year: _____

sunday

monday

tuesday

wednesday

thursday

friday

saturday

notes