

Daily Planner Date: _____ M Tu W Th F Sa

| Daily Routines | Weekly Chores |
|--|-----------------------------|
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>To Do</u> |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>Menu Plan</u> |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>Appointments/Errands</u> |
| <input type="checkbox"/> _____ | _____ |
| <u>Healthy Habits</u> | |
| Water: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exercise: _____ min. | |

Daily Planner Date: _____ M Tu W Th F Sa

| Daily Routines | Weekly Chores |
|--|-----------------------------|
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>To Do</u> |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>Menu Plan</u> |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | <u>Appointments/Errands</u> |
| <input type="checkbox"/> _____ | _____ |
| <u>Healthy Habits</u> | |
| Water: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Exercise: _____ min. | |