

DESIGN
HERO

2024

P L A N N E R

DESIGN
THEM

2024

P L A N N E R

DESIGN
THE
ART

2024

P L A N N E R

DESIGN
HER



P L A N N E R

DESIGN
THUR

2024

P L A N N E R

DESIGN
HER



P L A N N E R

DESIGN
THEM

2024

P L A N N E R

DESIGN
LIBRARY

2024

P L A N N E R

DESIGN
HERB

2024

P L A N N E R

DESIGN
HER



P L A N N E R



GOOD

THINGS

TAKE

TIME



One day or

Day one.

YOU DECIDE

STEP.
BY
STEP DAY.
BY
DAY

DAILY PLANNER

YOU ARE EXACTLY
WHERE YOU NEED
TO BE

TODAY

~~~~~ STEP BY STEP. DAY BY DAY. ~~~~~

## TO DO:

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

## NUTRITION

|           |        |
|-----------|--------|
| BREAKFAST | LUNCH  |
| DINNER    | SNACKS |

## SCHEDULE

| TIME | TASK/EVENT |
|------|------------|
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |
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|      |            |

FITNESS

MEDITATION

## GRATITUDE

## NOTES

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## INSIGHT

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

# Daily ROUTINE

THE DAY YOU PLANT  
THE SEEDS IS NOT  
THE DAY YOU EAT  
THE FRUIT

\_\_\_\_\_  
TODAY

STEP BY STEP. DAY BY DAY.

## MORNING

M T W T F S 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"/> |

## AFTERNOON

M T W T F S 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"/> |
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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"/> |

## EVENING

M T W T F S S

|  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | <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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# WEEKLY PLANNER

SOMETIMES YOU WIN  
& SOMETIMES  
YOU LEARN

\_\_\_\_\_ WEEK

STEP BY STEP. DAY BY DAY.

**WEEK OF:**

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

**PRIORITIES**

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

**DAILY HABITS**

M T W T F S S

- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○
- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○
- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○
- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○
- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○
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- \_\_\_\_\_ ○ ○ ○ ○ ○ ○ ○ ○

**GRATITUDE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEEKLY INSIGHTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY





# MONTHLY PLANNER

DON'T STOP  
UNTIL YOU  
ARE PROUD

\_\_\_\_\_  
MONTH

~~~~~ STEP BY STEP. DAY BY DAY. ~~~~~

MON

TUE

WED

THU

FRI

SAT

SUN

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |

PRIORITIES

MONTH INSIGHTS

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY



MORNING & EVENING
 **
DAILY
 ROUTINE

NOTHING CHANGES
 IF NOTHING CHANGES

START TODAY

STEP BY STEP. DAY BY DAY.

WEEK BEGINNING

| MORNING | M | T | W | T | F | S | 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"/> |
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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"/> |

| EVENING | M | T | W | T | F | S | S |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <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"/> |

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

IMPORTANT
DON'T FORGET
20  24
DATES

THE ENERGY
YOU PUT OUT
IS THE ENERGY
YOU GET BACK

START TODAY

STEP BY STEP. DAY BY DAY.

| | | |
|----------------|-----------------|------------------|
| JANUARY | FEBRUARY | MARCH |
| APRIL | MAY | JUNE |
| JULY | AUGUST | SEPTEMBER |
| OCTOBER | NOVEMBER | DECEMBER |

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

STEP BY STEP. DAY BY DAY.

FAMILY & FRIENDS

| | |
|--------------------------|--|
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| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |

HEALTH

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
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PERSONAL GROWTH

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
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| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

HOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
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CAREER & FINANCE

| | |
|--------------------------|--|
| <input type="checkbox"/> | |
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LEISURE

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



BREAKDOWN 2024 YOUR PERSONAL PLANNER 2024

GOAL BREAK DOWN

START TODAY

THE DAY YOU PLANT
THE SEEDS IS NOT
THE DAY YOU EAT
THE FRUIT

START TODAY

YOUR PERSONAL PLANNER

GOAL

START DAY

ACHIEVE GOAL BY

ACTION STEPS

-
-
-
-
-
-
-
-
-
-
-

DEADLINE

INSIGHT

GRATITUDE

NOTES

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

≡ YOUR ≡
{GOALS}
20 — SORTING — 24
EXERCISE

DON'T LOOK BACK -
YOU'RE NOT GOING
THAT WAY.

STEP BY STEP. DAY BY DAY.

| | | |
|---|---|--|
| <p>PROFESSIONAL GOALS
(CAREER, JOB)</p> | <p>PHYSICAL GOALS
(BODY, HEALTH, WEIGHT)</p> | <p>FAMILY & FRIEND GOALS</p> |
| <p>FINANCIAL GOALS
(SAVINGS, FINANCIAL HABITS)</p> | <p>MENTAL GOALS
(PRACTICE, MEDITATION, JOURNALING)</p> | <p>RECREATION & FUN GOALS</p> |
| <p>PERSONAL GROWTH GOALS
(SELF-HELP BOOKS, COURSES & NEW EXPERIENCE)</p> | <p>TRAVEL GOALS</p> | <p>LEISURE GOALS</p> |

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY



{GOAL} BREAKDOWN 2024

THE DAY YOU PLANT
THE SEEDS IS NOT
THE DAY YOU EAT
THE FRUIT

START TODAY

STEP BY STEP. DAY BY DAY.

GOAL

START
DAY

ACHIEVE
GOAL BY

STRATEGY

DEADLINE

NOTES AND INSIGHTS

YOUR PERSONAL PLANNER

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY



LETTER FROM
— YOUR —
FUTURE
→ SELF →

STEP BY STEP. DAY BY DAY.

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

HABITS TRACKER

YOU ARE EXACTLY
WHERE YOU NEED
TO BE

MONTH

STEP BY STEP. DAY BY DAY.

| HABITS | |
|--------|--|
| 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 | |
| 27 | |
| 28 | |
| 29 | |
| 30 | |
| 31 | |

THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

HABITS TRACKER

NOTHING CHANGES
IF NOTHING CHANGES

START TODAY

STEP BY STEP. DAY BY DAY.

HABIT 1

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 2

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 3

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 4

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 5

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 6

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 7

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

HABIT 8

| | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | 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 | 27 | 28 | 29 | 30 | 31 | |

SELF-
CHECKLIST
CARE

STEP BY STEP. DAY BY DAY.

WEEK OF _____

BASIC

| | M | T | W | T | F | S | 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"/> |
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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"/> |

PHYSICAL

| | M | T | W | T | F | S | 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"/> |

MENTAL

| | M | T | W | T | F | S | S |
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THIS WILL ALL MAKE PERFECT SENSE SOMEDAY

SELF-LOVE Journal

STAY AWAY
FROM PEOPLE
WHO MAKE YOU
FEEL LIKE YOU
ARE HARD TO LOVE

STEP BY STEP. DAY BY DAY.

**WHAT DO I VALUE THE MOST
IN MY LIFE?**

**WHAT ARE 3 THINGS
I VALUE ABOUT MYSELF?**

**WHAT ARE 3 THINGS
I LOVE ABOUT MY BODY?**

**WHAT ARE 3 THINGS
I'M INSECURE ABOUT?**

**IF I HAD ALL THE MONEY
IN THE WORLD, WHAT WOULD
I DO WITH MY TIME?**

**WHAT THINGS THAT
I AM GRATEFUL FOR?**
