



LIFE PLANNER



Thank You for purchasing True Assisting's Life Planner

This printable planner is designed to help you manage your time, achieve your goals and track your progress!

Download, print, and get started right away!

Product information:

- Your purchase includes a full-size 62-page undated planner.
- Text and colors are part of the design and CAN NOT be altered.
- Room for hole punches on either side for use in a binder
- Perfect for home and office use.
- Print as many pages as you need.
- Print from your home printer, or send it to a printing shop.

How to download, open and print these PDF files on your computer:

- You will receive an email with your link and can download these digital items once your payment is received
- Please note **This is a digital download. No physical products will be shipped.**
- Unzip if necessary
- Download this free software to unzip files - <https://zipextractor.app/>
- You can use Acrobat Reader to open these files (free download)
- Download here at <https://www.adobe.com>
- Open the file in Acrobat Reader – Select the size that fits your needs in your printer settings – Print
- Colors may vary slightly depending on the computer monitor and printer you have

Digital Planning with your Life Planner

The specific instructions for uploading a PDF planner to a note app may vary depending on the app you are using, but here are some general steps you can follow:

Open your note app on your device.

Create a new note or open an existing one where you want to add the Life Planner.

Look for an option to add an attachment to the note. This could be a paper clip icon, an attachment icon, or a plus sign.

Tap on the attachment option and select "File" or "Choose File" (depending on the app) from the menu that appears.

Navigate to the location where you have saved your Life Planner on your device, and select it.

Upload. This may take a few minutes, depending on the app, the size of the file, or your device.

Once the upload is complete, you should see the Life Planner attached to your note.

You can now view and edit the Life Planner within your note app.

Note: Some note apps may limit the size of the files you can upload, so ensure the Life Planner is within the acceptable file size limit before attempting to upload it.

This item is for personal use only and cannot be resold, redistributed, or used for any commercial purposes.

Questions? Please don't hesitate to [reach out to us!](#) We are always happy to help with questions, comments, and suggestions.



January





February





March





April





May





June





July





August





September





October





November





December



YEAR AT A GLANCE

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

YEAR AT A GLANCE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

GOAL TRACKER

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

GOAL

STEPS TO TAKE

DEADLINE

ACHIEVED

GOAL

STEPS TO TAKE

DEADLINE

ACHIEVED

MY GOALS

MONTH:

RELATIONSHIPS	CAREER	HEALTH
SELF-CARE	STUDY	FINANCE
HOME	SPIRITUAL	ADVENTURE

MONTHLY PLANNER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

MONTH AT A GLANCE

MONTH:

MONTHLY GOALS	BIRTHDAYS
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT DATES	THINGS I'M EXCITED ABOUT
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	THINGS TO REMEMBER
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

WEEKLY PLANNER

WEEK OF:

SUNDAY	MONDAY	TUESDAY
5AM	5AM	5AM
6AM	6AM	6AM
7AM	7AM	7AM
8AM	8AM	8AM
9AM	9AM	9AM
10AM	10AM	10AM
11AM	11AM	11AM
12PM	12PM	12PM
1PM	1PM	1PM
2PM	2PM	2PM
3PM	3PM	3PM
4PM	4PM	4PM
5PM	5PM	5PM
6PM	6PM	6PM
7PM	7PM	7PM
8PM	8PM	8PM
9PM	9PM	9PM
10PM	10PM	10PM
11PM	11PM	11PM
12AM	12AM	12AM

WEEKLY PLANNER

WEEK OF:

WEDNESDAY	THURSDAY	FRIDAY
5AM	5AM	5AM
6AM	6AM	6AM
7AM	7AM	7AM
8AM	8AM	8AM
9AM	9AM	9AM
10AM	10AM	10AM
11AM	11AM	11AM
12PM	12PM	12PM
1PM	1PM	1PM
2PM	2PM	2PM
3PM	3PM	SATURDAY
4PM	4PM	7AM
5PM	5PM	8AM
6PM	6PM	9AM
7PM	7PM	10AM
8PM	8PM	11AM
9PM	9PM	12PM
10PM	10PM	1PM
11PM	11PM	2PM
12AM	12AM	3PM

WEEKLY PLANNER

MONTH:

WEEK OF:

SUNDAY

MONDAY

TUESDAY

WEEKLY PLANNER

MONTH:

WEEK OF:

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY


DAILY SCHEDULE

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

DATE:

5AM
6AM
7AM
8AM
9AM
10AM
11AM
12PM
1PM
2PM
3PM
4PM
5PM
6PM
7PM
8PM
9PM
10PM
11PM
12AM

DAILY PLANNER

TO DO	DATE:
●	TOP PRIORITIES
●	●
●	●
●	●
●	MEALS
●	●
●	●
●	●
●	WATER INTAKE
●	
●	
●	TODAY WAS GREAT BECAUSE
●	
●	
●	
●	
●	
●	
●	

MEAL PLANNER

THE WEEK OF:

	BREAKFAST	LUNCH	DINNER	SNACKS
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				

GROCERY LIST

PRODUCE

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

MEAT/FISH

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

PANTRY

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

DAIRY

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

FROZEN

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

BREAD/GRAINS

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

GROCERY LIST

DELI

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

CANNED

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

DRINKS

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

BAKING

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

HOUSEHOLD

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

MISC.

TO BUY

- _____
- _____
- _____
- _____
- _____
- _____

RECIPE CARD

TITLE:

FROM THE KITCHEN OF: _____

SERVES: _____

DIRECTIONS

COOK TIME: _____

PREP TIME: _____

OVEN TEMP: _____

TOOLS NEEDED: _____

MY RATING: 

INGREDIENTS

CLEANING SCHEDULE

DAILY

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

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

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<input type="checkbox"/>	
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TUESDAY

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

WEDNESDAY

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

THURSDAY

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<input type="checkbox"/>	

FRIDAY

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<input type="checkbox"/>	

SATURDAY

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







READING LIST

TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
 READ _____

TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
 READ _____

TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
 READ _____

TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
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TITLE: _____
AUTHOR: _____
GENRE: _____
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TITLE: _____
AUTHOR: _____
GENRE: _____
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TITLE: _____
AUTHOR: _____
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TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
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TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
 READ _____

TITLE: _____
AUTHOR: _____
GENRE: _____
 ORDERED _____
 READ _____







TO DO LIST

DATE:







PRIORITY:

BIRTHDAYS





JANUARY

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FEBRUARY

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MARCH

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APRIL

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MAY

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JUNE

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BIRTHDAYS

JULY

■	_____
■	_____
■	_____
■	_____
■	_____
■	_____
■	_____

AUGUST

■	_____
■	_____
■	_____
■	_____
■	_____
■	_____
■	_____

SEPTEMBER

■	_____
■	_____
■	_____
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■	_____

OCTOBER

■	_____
■	_____
■	_____
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■	_____

NOVEMBER

■	_____
■	_____
■	_____
■	_____
■	_____
■	_____
■	_____

DECEMBER

■	_____
■	_____
■	_____
■	_____
■	_____
■	_____
■	_____

PROGRESS TRACKER

GOAL

WEEK				
DATE				
BUST				
NECK				
BICEP				
WAIST				
HIPS				
THIGH				
CALF				

WEEK				
DATE				
WEIGHT				
LOSS/GAIN				
BMI				
NOTES				

WATER INTAKE

WEEK OF:

SUNDAY



MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY



SATURDAY



WATER INTAKE

WEEK OF:

SUNDAY



MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY





















SATURDAY



WORKOUT LOG

TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:
TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:
TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:
TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:
TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:
TYPE:	TYPE:	TYPE:	TYPE:
TIME:	TIME:	TIME:	TIME:

WORKOUT LOG

			NOTES
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____
TYPE: 	TYPE: 	TYPE: 	_____
TIME:	TIME:	TIME:	_____

MEDICAL INFORMATION

NAME

DATE OF BIRTH

BLOOD TYPE

ALLERGIES

CURRENT CONDITIONS

MEDICATIONS

IMMUNIZATIONS

DOCTOR

DOCTOR PHONE #

DOCTOR ADDRESS

DENTIST

DENTIST PHONE #

DENTIST ADDRESS

INSURANCE NAME

INSURANCE POLICY #

INSURANCE PHONE #

NOTES

WEEKLY MEDICATION TRACKER

NAME: _____

WEEK: _____

#	MEDICATION/SUPPLEMENT	S	M	T	W	T	F	S
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

CONTACT LIST

 NAME & ADDRESS

 CONTACT NUMBERS

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

NAME _____

CELL PHONE _____
HOME _____
OFFICE _____
E-MAIL _____

PASSWORD TRACKER

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

WEBSITE	
EMAIL	
CONTACT	
PASSWORD	
NOTES	

MONTHLY BUDGET

MONTH: _____

INCOME: _____

ITEM	BUDGET	ACTUAL	ITEM	BUDGET	ACTUAL
HOUSING			INSURANCE		
Mortgage Loan/Rent			Health		
Electricity			Life		
Water/Sewer			Household		
Repairs			SUBTOTALS:		
Phone and cell			LOANS		
Internet			Personal		
			Student		
SUBTOTALS:			Credit cards		
TRANSPORT			SUBTOTALS:		
Car loan			ENTERTAINMENT		
Bus/train/Uber			Movies		
Insurance			Music		
Licensing			TV		
Fuel			SUBTOTALS:		
Maintenance			FOOD		
SUBTOTALS:			Groceries		
PERSONAL			Dining out		
Toiletries			SUBTOTALS:		
Clothing			CHARITY		
Medical			Donations		
Children & Pets			Gifts		
SUBTOTALS:			SUBTOTALS:		

SAVINGS GOAL: _____

ACTUAL SAVINGS: _____

TOTAL BUDGET: _____

TOTAL ACTUAL COST: _____

DIFFERENCE: _____

BALANCE: _____

