

ADHD LIFE ORGANIZER



Niche Passion Blogs

ANNUAL OVERVIEW

YEAR:

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

January

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

February

PLANNER

Progress grows through gentle consistency.

MONDAYTUESDAYWEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

March

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

April

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

May

PLANNER

MONDAYTUESDAYWEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

June

PLANNER

MONDAYTUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

July

PLANNER

Calm focus creates meaningful progress.

MONDAYTUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

August

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

September

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

October

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

November

PLANNER

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

December

PLANNER

MONDAYTUESDAYWEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

Notes:

Weekly

PLANNER

Progress happens one small step
at a time.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PRIORITIES

SATURDAY

SUNDAY

TIP FOR ACTION:

Start today by choosing your
top three priorities.

Weekly

PLANNER

Focus grows when you return gently.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PRIORITIES

SATURDAY

SUNDAY

TIP FOR ACTION:

Break one overwhelming task into one next step.

Weekly

PLANNER

A littledonetoday still counts.

WEEK

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PRIORITIES



SATURDAY

SUNDAY

TIP FOR ACTION:

Set a timer for ten minutes and begin.

Weekly

PLANNER

Clarity often comes through taking action.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PRIORITIES

SATURDAY

SUNDAY

TIP FOR ACTION:

Do a quick brain dump before planning your day.

Weekly

PLANNER

Consistency begins again every new day.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PRIORITIES

SATURDAY

SUNDAY

TIP FOR ACTION:

Celebrate one thing you completed before adding more.



Organize Your Life

Assignment Tracker

[illegible]

PASSWORD TRACKER

[illegible]

TO-DO LIST

[illegible]

Grocery List

[illegible][illegible]

Meal Planner

s			
m			
t			
w			
t			
f			
s			

WEEKLY MEAL PLANNER

MONDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

TUESDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

WEDNESDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

THURSDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

FRIDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

SATURDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

SUNDAY

BREAKFAST _____

LUNCH _____

SNACKS _____

DINNER _____

NOTES

PANTRY INVENTORY

[illegible]

FREEZER INVENTORY

MEAT	FRUITE	VEGETABLES

PER-MADE DINNERS	MISCELLANEOUS

NOTE:

DINNER MENU

MONDAY		SHOPPING LIST
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		SHOPPING LIST
SUNDAY		

REORDER LIST

#STOCK	ITEM	#USED

NOTES



★ Manage Your Finances

MONTHLY FAMILY BUDGET

MONTH	INCOME SOURCES	EXPENSES	SAVING	TOTAL
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Income & Expenses

Month of: _____

DATE	INCOME	CATEGORY	AMOUNT
		TOTAL	

[illegible]

Subscription Tracker

Month:

[illegible]

DEBT SNOWBALL WORKSHEET

[illegible]

SPENDING LOG

[illegible]

Bill Tracker

DATE :

[illegible]

MONTHLY SAVINGS TRACKER

MONTH: _____

YEAR: _____

[illegible]

Vacation Budget

TRANSPORTATION

COST	BUDGET	ACTUAL

ACCOMMODATIONS

COST	BUDGET	ACTUAL

FOOD & ACTIVITIES

COST	BUDGET	ACTUAL



Manage Your Health

MONDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

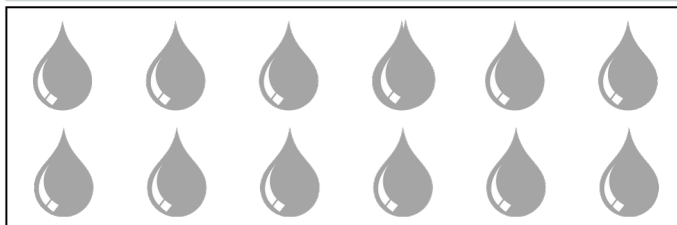
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

TUESDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

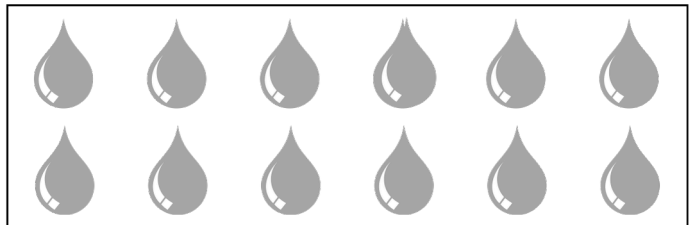
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

WEDNESDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

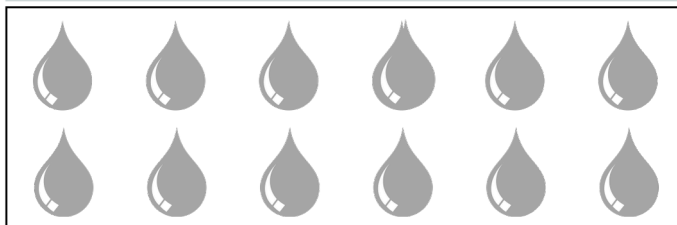
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

THURSDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

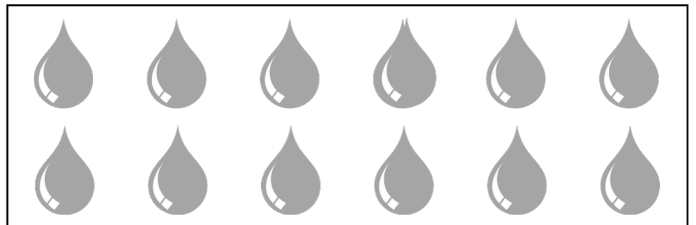
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

FRIDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

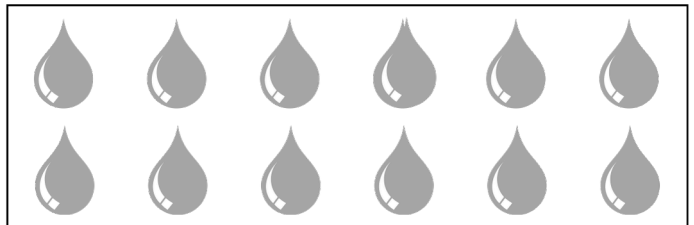
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

SATURDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

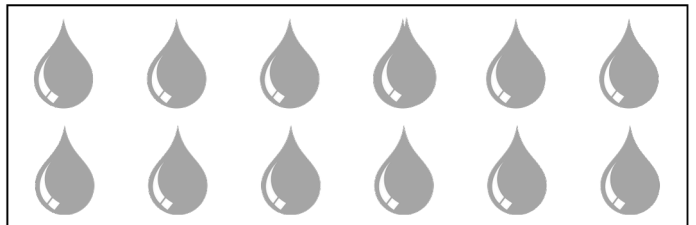
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

SUNDAY

DATE: _____

BREAKFAST

CALORISE:

LUNCH

CALORISE:

DINNER

CALORISE:

SNACKS

CALORISE:

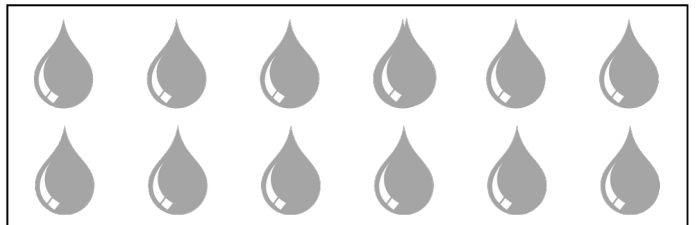
WORKOUTS

STEP COUNT:

CALORISE:

BURNT:

WATER INTAKE



MOOD



NOTES

EYE CARE TRACKER

NAME				NOTES _____ _____ _____ _____ _____ _____
DOCTOR				
APPT. DATE		APPT. TIME		
RIGHT EYE				
LEFT EYE				
COST		AMOUNT PAID		

NAME				NOTES _____ _____ _____ _____ _____ _____
DOCTOR				
APPT. DATE		APPT. TIME		
RIGHT EYE				
LEFT EYE				
COST		AMOUNT PAID		

NAME				NOTES _____ _____ _____ _____ _____ _____
DOCTOR				
APPT. DATE		APPT. TIME		
RIGHT EYE				
LEFT EYE				
COST		AMOUNT PAID		

NAME				NOTES _____ _____ _____ _____ _____ _____
DOCTOR				
APPT. DATE		APPT. TIME		
RIGHT EYE				
LEFT EYE				
COST		AMOUNT PAID		

HABIT TRACKER

WEEK

HABIT	MON	TUE	WED	THU	FRI	SAT	SUN

NOTE

MEDICATION TRACKER

NAME:

WEEK:

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

HEALTHCARE PROVIDER VISITS

VISITDETAILS			
DATE		APPT . TIME	
PROVIDER		SPECIALITY	
REASON FOR VISIT			
CONCERNS			
VITALS			
HEIGHT		WEIGHT	
BLOOD PRESSURE		PULSE RATE	
BLOOD GLUCOSE		TEMPERATURE	
PROVIDER DIAGNOSIS			
TEST ORDERED		FACILITY	
TEST			
DATE		APPT. TIME	
PREP FOR TEST		TEST RESULTS	
MEDICATION UPDATES			
MEDICATION		MEDICATION	
CONDITION		CONDITION	
DOSE/FREQUENCY START DATE/END		DOSE/FREQUENCY START DATE/END	
DATE NOTE		DATE NOTE	

MY MEDICAL QUICK VIEW

VISIT DETAILS

NAME: _____ DONOR: _____ YES ☐ NO ☐

DATE OF BIRTH: _____ BLOOD TYPE: _____

HEIGHT: _____ WEIGHT: _____

MEDICAL CONDITIONS

ALLERGIES

ALLERGY _____ MEDS _____

REACTION _____

ALLERGY _____ MEDS _____

REACTION _____

ALLERGY _____ MEDS _____

URGENT CARE VISITS

FACILITY/DR		DATE	
REASON		TEMPERATURE	
BLOOD PRESSURE			
TESTS			
RESULTS			
PRESCRIPTIONS			
DISCHARGE INSTRUCTIONS			

FACILITY/DR		DATE	
REASON		TEMPERATURE	
BLOOD PRESSURE			
TESTS			
RESULTS			
PRESCRIPTIONS			
DISCHARGE INSTRUCTIONS			

FACILITY/DR		DATE	
REASON		TEMPERATURE	
BLOOD PRESSURE			
TESTS			
RESULTS			
PRESCRIPTIONS			
DISCHARGE INSTRUCTIONS			

WEEKLY MEAL PLANNER

MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	
MONDAY	BREAKFAST	
	LUNCH	
	DINNER	

GROCERY LIST

SNACKS

CALORIE TRACKER

DAY

BREAKFAST	PROTEINS	CARBS	CALORIES	FATS
LUNCH	PROTEINS	CARBS	CALORIES	FATS
DINNER	PROTEINS	CARBS	CALORIES	FATS
SNACKS	PROTEINS	CARBS	CALORIES	FATS

SYMPTOMS TRACKER

DATE

BREAKFAST	SYMPTOMS
SYMPTOMS SEVERITY 12345678910	

LUNCH	SYMPTOMS
SYMPTOMS SEVERITY 12345678910	

DINNER	SYMPTOMS
SYMPTOMS SEVERITY 12345678910	

SNACK	SYMPTOMS
SYMPTOMS SEVERITY 12345678910	



FOOD RESULTS

DATE

GOOD FOODS

BAD FOODS

NOT SURE FOODS

MONTH OF:

[illegible]

PERIOD TRACKER

	01	02	03	04	05	06	07	08	09	10	11	12
01												
02												
03												
04												
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26												
27												
28												
29												
30												
31												

Flow

Light

Medium

Heavy

Ovulation

Notes

Cycle Length

01

02

03

04

05

06

07

08

09

10

11

12

WEIGHT LOSS TRACKER

[illegible]

SKIN CARE

BEAUTY ROUTINE	PRODUCT	M	T	W	T	F	S	S

BEAUTY ROUTINE	PRODUCT	M	T	W	T	F	S	S

BEAUTY ROUTINE	PRODUCT	M	T	W	T	F	S	S

BEAUTY ROUTINE	PRODUCT	M	T	W	T	F	S	S

WORKOUT PLAN

[illegible]

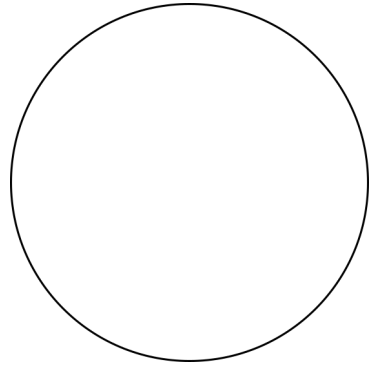
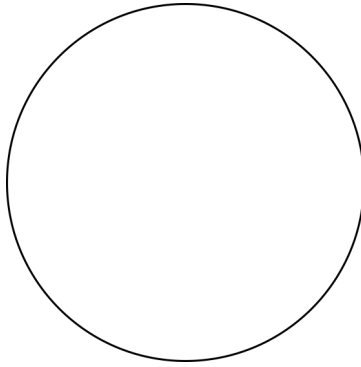
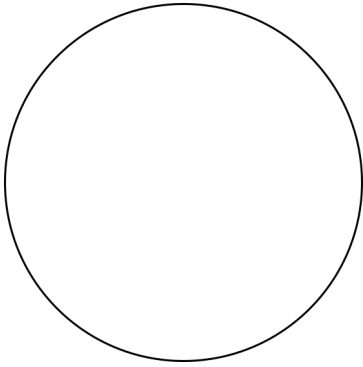


Becoming a Better Me

BUCKET LIST

[illegible]

POSITIVE AFFIRMATIONS



MY POSITIVE AFFIRMATION STATEMENT

[illegible]

GRATITUDE JOURNAL

WEEK

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

POSITIVE MINDSET

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

NEGATIVE THOUGHT

POSITIVE THOUGHT

Self Care Planner

MONTH:

YEAR:

MY TOP PRIORITIES

GOALS FOR MY MIND:

-
-
-
-

GOALS FOR MY BODY:

-
-
-
-

REMINDER

MY NOTE

DAILY SELF-CARE PLAN

DATE:

TODAY'S FOCUS

PRIORITIES LIST

MY REMINDER

GOALS FOR MY MIND

SELF CARE PLANNER

My Mind's Goals

Daily Affirmation

My Body's Goals



My Note

SELF CARE TRACKER

Date:	Place:
-------	--------

My Activities	S	M	T	W	T	F	S
-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐
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-----	☐	☐	☐	☐	☐	☐	☐
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-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐
-----	☐	☐	☐	☐	☐	☐	☐

My Notes

Self Care Journal

MONTH: _____

YEAR: _____

AFFIRMATIONS

I'M PROUD OF MY...

I'M GRATEFUL FOR...

NOTE TO SELF:

SELF CARE INTENTION

MONTH: _____

YEAR: _____

PHYSICAL SELF CARE

EMOTIONAL SELF CARE

SPIRITUAL SELF CARE

SOCIAL SELF CARE

NOTE TO SELF:

SELF CARE REMINDER

MONTH: _____

YEAR: _____

WHAT KEEPS ME GROUNDED?

WHEN AM I AT MY BEST?

SELF-REFLECTION

MON	TUE	WED	THU	FRI	SAT	SUN
INTENTIONS			DAILY AFFIRMATION			
NOURISHMENT						
SELF-CARE						
MOVEMENT			WHAT MADE TODAY GREAT			
GOALS						
OUTCOME I WANT TO ACHIEVE						
WHY IT IS IMPORTANT			NOTES			
ACTION PLAN						

30-DAY SELF-CARE CHALLENGE



Set a personal goal for the month



Practice deep breathing or meditation for 10 minutes



Write a list of 10 things you're grateful for



Take a walk outside



Declutter a room or workspace



Call or text a friend to catch up



Cook a healthy meal



Practice yoga or gentle stretching



Write a positive affirmation and repeat it throughout the day



Create a relaxing bedtime routine



Journal about your thoughts and feelings



Set aside time for your favorite hobby



Give yourself a compliment



Unplug from technology for an hour



Listen to your favorite music or a calming playlist



Practice mindfulness while doing everyday tasks



Spend time with a pet or visit a local animal shelter



Read a book or watch a movie that inspires you



Explore a new relaxation method, like progressive muscle relaxation



Take a power nap or restorative break



Create a vision board or list of personal goals



Volunteer or perform a random act of kindness



Treat yourself to a small indulgence



Reflect on your accomplishments and growth



Connect with nature by visiting a park, beach, or forest



Write a letter to your future self



Set boundaries to protect your energy and time



Establish a morning routine that energizes you



Practice self-compassion and forgive yourself for past mistakes



Review your progress and celebrate your achievements

[illegible]