

Daily Planner

To do List

	Priority	
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>

More things to do

6.	_____	<input type="checkbox"/>
7.	_____	<input type="checkbox"/>
8.	_____	<input type="checkbox"/>
9.	_____	<input type="checkbox"/>
10.	_____	<input type="checkbox"/>
11.	_____	<input type="checkbox"/>
12.	_____	<input type="checkbox"/>
13.	_____	<input type="checkbox"/>
14.	_____	<input type="checkbox"/>
15.	_____	<input type="checkbox"/>

Appointments

Time	Event

Glass of water        

Meals     

List of Groceries to Buy

1.	_____	6.	_____
2.	_____	7.	_____
3.	_____	8.	_____
4.	_____	9.	_____
5.	_____	10.	_____

30 min. Exercise

1 min.	_____
3 min.	_____
5 min.	_____
5 min.	_____
7 min.	_____
9 min.	_____

Notes
