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## Achieving Personal Goals

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Name \_\_\_\_\_

A goal of mine is

\_\_\_\_\_

\_\_\_\_\_

What must *I* do to  
accomplish this goal?

Date  
begun:

Target  
date:

Complete  
date:

\_\_\_\_\_

Steps

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Notes regarding my goals: How did I set this goal? Why did I set this goal?  
What purpose will it serve in my life?

Use one sheet for each goal. Then list goals and steps with target dates in a  
place you can review regularly to check your progress.

# Time Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
12:00							
12:30							
1:00							
1:30							
2:00							
2:30							
3:00							
3:30							
4:00							
4:30							
5:00							
5:30							

# Activities Evaluation by Day

*What I do currently*

Activity	Actual Time Spent	Activity	Actual Time Spent
Total:		Total:	

Grand Total: \_\_\_\_\_

*What must I do? and With time remaining, what do I want to do?*

Activity	Actual Time Spent	Activity	Actual Time Spent
TOTAL:		TOTAL:	

**168 Hours Available**

\_\_\_\_\_ Hours Spent      \_\_\_\_\_ Remaining Time Available

**Consider:**

- |                    |                                   |                     |
|--------------------|-----------------------------------|---------------------|
| Amusement          | Meal Preparation (include eating) | Telephone           |
| Civic Activities   | Planning                          | Conversations       |
| Church Activities  | Prospecting                       | Thinking            |
| Commuting          | Sleeping                          | Waiting             |
| Dressing & Clothes | Studying                          | Watching Television |
| Preparation        | Working                           |                     |

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Driving Information

Lic. Plate # \_\_\_\_\_

Registration # \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_

Auto Ins. Co. \_\_\_\_\_

Ins. Agent \_\_\_\_\_

Phone \_\_\_\_\_

### Emergency Information

Health Ins. Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Homeowners Ins. Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Agent \_\_\_\_\_

Phone \_\_\_\_\_

### Notify in Case of Emergency

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



## Special Occasions Page

JAN

JUL

FEB

AUG

MAR

SEP

APR

OCT

MAY

NOV

JUN

DEC

# Month-at-a-Glance Page

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Monday**

**Tuesday**

**Wednesday**


**Thursday**

**Friday**

**Saturday/Sunday**


**Today**

Date
------

SUN   MON   TUE   WED   THU   FRI   SAT

	APPOINTMENTS	TO DO	ABC		
AM 7		#1 Priority			
8					
9					
10					
11					
PM 12		To Buy			
1					
2		To Call      Phone No.			
3					
4					
5					
6		Mileage			
7		Ending			
		Beginning			
		Total			
NOTE	Item Expense	Amount			

# Menu Planner

Week of

	<i>BREAKFAST</i>	<i>LUNCH</i>	<i>DINNER</i>
S U N			
M O N			
T U E			
W E D			
T H U			
F R I			
S A T			

# Shopping Checklist

	QTY	Cost	Coup		QTY	Cost	Coup		QTY	Cost	Coup
FROZEN FOOD/JUICE				STAPLES				Buns			
Ice Cream	_____	_____	_____	Flour	_____	_____	_____				
	_____	_____	_____	Sugar	_____	_____	_____				
Vegetables	_____	_____	_____	Cereal	_____	_____	_____				
	_____	_____	_____		_____	_____	_____	PAPER GOODS			
	_____	_____	_____	Nuts	_____	_____	_____	Paper Towels	_____	_____	_____
Prepared Dinners	_____	_____	_____	Jell-O	_____	_____	_____	Tissue (facial)	_____	_____	_____
	_____	_____	_____	SPICES				Toilet Paper	_____	_____	_____
Juice	_____	_____	_____	Bacon Bits	_____	_____	_____	Napkins	_____	_____	_____
	_____	_____	_____	Coconut	_____	_____	_____	Plastic Wrap	_____	_____	_____
	_____	_____	_____	Chocolate	_____	_____	_____	Waxed Paper	_____	_____	_____
CONDIMENTS				Baking Soda	_____	_____	_____	Foil	_____	_____	_____
Syrup	_____	_____	_____	Baking Powder	_____	_____	_____	Trash Bags	_____	_____	_____
Molasses	_____	_____	_____	Salt/Pepper	_____	_____	_____	Zip Bags:			
Jelly/Jam	_____	_____	_____		_____	_____	_____	Small	_____	_____	_____
Peanut Butter	_____	_____	_____		_____	_____	_____	Large	_____	_____	_____
Honey	_____	_____	_____	PASTA				HOUSEHOLD			
Shortening	_____	_____	_____	Spaghetti	_____	_____	_____	Dishwasher Soap	_____	_____	_____
Oil	_____	_____	_____	Pasta	_____	_____	_____	Dish Soap	_____	_____	_____
Catsup	_____	_____	_____	Rice	_____	_____	_____	Clothes Soap	_____	_____	_____
Mustard	_____	_____	_____	Instant Potatoes	_____	_____	_____	Bleach			
Vinegar	_____	_____	_____	Mixes	_____	_____	_____	White	_____	_____	_____
Mayonnaise	_____	_____	_____		_____	_____	_____	Colors	_____	_____	_____
Pickles	_____	_____	_____		_____	_____	_____	Fabric Softener	_____	_____	_____
Relish	_____	_____	_____		_____	_____	_____	Furniture Polish	_____	_____	_____
Salad Dressing	_____	_____	_____	DRINKS				Light Bulbs	_____	_____	_____
Croutons	_____	_____	_____	Coffee	_____	_____	_____	Vacuum Bags	_____	_____	_____
CANNED GOODS				Tea	_____	_____	_____	Pet Food	_____	_____	_____
Soups	_____	_____	_____	Juice	_____	_____	_____				
	_____	_____	_____		_____	_____	_____				
Canned Meat	_____	_____	_____	Sparkling Colas	_____	_____	_____				
Tuna	_____	_____	_____		_____	_____	_____				
Canned Meals	_____	_____	_____	PASTRY							
	_____	_____	_____	Crackers	_____	_____	_____	MEAT			
CANNED VEGETABLES				Cookies	_____	_____	_____	Beef	_____	_____	_____
Tomato Sauce/Paste	_____	_____	_____	Chips	_____	_____	_____				
Vegetables	_____	_____	_____	Breads	_____	_____	_____	Chicken	_____	_____	_____
	_____	_____	_____		_____	_____	_____				
	_____	_____	_____		_____	_____	_____				

	QTY	Cost	Coup		QTY	Cost	Coup		QTY	Cost	Coup
<b>DAIRY</b>				<b>Cheese</b>							
Milk				Yellow							
Butter											
Cheese											
				White				Toothpaste			
Eggs								Deodorant			
Cottage Cheese				Prepared Salad				Hair Care			
Sour Cream								Hand Soap			
Yogurt								Body Soap			
								Facial Cleanser			
<b>FRESH PRODUCE</b>											
Vegetables								Feminine Protection			
								Razors			
				<b>BAKERY</b>				Shaving Cream			
Fruit				Sweet Rolls							
				Cake							
				Doughnuts							
				Pie							
				Cookies							
<b>INTERNATIONAL FOODS</b>											
Chinese											
				<b>SCHOOL &amp; OFFICE</b>							
				Pens							
				Pencils							
Mexican				Paper							
				Notebooks							
				3 x 5 Cards							
Italian											
<b>DELI</b>											
Sliced Meat											
				<b>PERSONAL ITEMS</b>							
				Makeup							

## Fast-Food Calorie Count

Items	Cal	Fat	Items	Cal	Fat
<b>Kentucky Fried Chicken</b>			<b>Burger King</b>		
<i>Original Recipe Chicken</i>			Hamburger	310	13
Wing	150	9	with cheese	350	17
Drumstick	140	8	Whopper	695	42
Breast	380	19	with cheese	785	50
Thigh	360	25	Double Whopper		
<i>Extra Crispy Chicken</i>			with cheese	1060	69
Wing	190	12	Apple Pie	300	13
Breast	460	28	Onion Rings (Medium)	320	16
<i>Salad</i>			French Fries (Medium)	360	18
Roasted Caesar Salad	220	9	Chocolate Shake (Small)	410	13
w/ranch dressing	420	29	Vanilla Shake (Small)	400	15
<b>McDonald's</b>			<b>Wendy's Old-Fashioned Sandwiches</b>		
Egg McMuffin	300	12	Hamburger (single)	420	19
Hot Cakes with Butter and Syrup	600	17	Jr. Burger	280	9
Scrambled eggs (2)	190	12	Ultimate Chicken Grill	360	7
Hash browns	140	8	Chili (Small)	220	6
Sausage Biscuit	410	26	French Fries (Medium)	440	21
Hamburger	260	9	Frosty (Small)	330	8
Cheeseburger	310	12	<b>Arby's</b>		
Quarter Pounder	420	18	Roast Beef	320	13
with Cheese	510	25	Beef 'n Cheddar	440	21
Big Mac	560	30	Super Roast Beef	440	19
French Fries (Medium)	350	16	Junior Roast Beef	270	9
<b>Jack in the Box</b>			Chicken Breast Fillet	500	25
Hamburger	310	14	Roast Chicken Club	470	25
Cheeseburger	350	17	Roast Turkey Ranch & Bacon	830	38
Jumbo Jack	600	35	SW Chicken Wrap	550	30
with Cheese	690	42	French Fries (Medium)	380	16
Regular Taco	160	8	Apple Turnover	250	10
Super Taco	240	14	<b>Taco Bell</b>		
Chicken Caesar Salad	220	8	Taco	170	10
SW Chicken Salad	330	13	Nachos	320	19
Breakfast Jack	290	12	Pintos 'n' Cheese	180	7
French Fries (Medium)	360	17	Tostada	250	10
Onion Rings	500	30	Bean Burrito	370	10
Cheesecake	310	16	Burrito Supreme (Beef)	440	18

## Calorie and Carbohydrate Guide

Food	Size	Cal	Carb	Food	Size	Cal	Carb
<b>Cereals</b>				<b>Beverages</b>			
Bran flakes	1 cup	105	28	Apple juice	1 cup	120	30
Corn flakes	1 cup	121	21	Chocolate milk	1 cup	240	27
Corn grits	1/2 cup	60	13	Cola	8 oz.	97	25
Cooked wheat	1/2 cup	55	11	Grapefruit juice	1 cup	130	12
Oatmeal	1/2 cup	65	11	Malted milk	1 cup	245	28
<b>Bread and Pastries</b>				<b>Vegetables</b>			
Biscuits, baking powder	1	105	13	Orange juice	1 cup	120	29
Bread, French	2 slices	146	26	Pineapple juice	1 cup	135	34
Bread, raisin	2 slices	150	26	Root beer	8 oz.	100	26
Bread, rye	2 slices	120	26	Soda drinks	8 oz.	113	30
Bread, white	2 slices	140	26	Tomato juice	1 cup	45	10
Bread, whole wheat	2 slices	120	24	<b>Beef, Lamb, Pork</b>			
Buns, hot dog/hamburger	1	120	21	Bacon strips	2 avg.	90	1
Crackers, graham	1 (4"-sq.)	110	25	Beef heart	3 oz.	160	1
Crackers, rye	1	23	5	Beef liver	3 oz.	195	1
Crackers, soda	1 (4"-sq.)	50	8	Beef roast (incl. fat)	3 oz.	375	0
Flour, all-purpose (sifted)	1 cup	420	80	Beef steak (incl. fat)	3 oz.	330	0
Flour, corn meal	1 cup	440	91	Beef tongue	3 oz.	205	trace
Flour, whole wheat	1 cup	400	85	Bologna	1 slice	40	trace
Muffin	1	120	17	Corned beef	3 oz.	185	0
Rolls, hard	1	155	30	Frankfurter	1	170	1
Rolls, plain	1	120	20	Ground beef	3 oz.	245	0
Waffles	1	205	27	Ham, baked	3 oz.	245	0
Pancakes	2 (4")	120	18	Ham, boned	3 oz.	203	0
<b>Pasta and Rice</b>				<b>Seafood</b>			
Converted rice	2/3 cup	120	27	Cod	3 oz.	145	0
Egg noodles	2/3 cup	132	25	Clams, steamed	3 oz.	45	2
Macaroni	2/3 cup	127	26	Crab	3 oz.	85	1
Spaghetti	2/3 cup	103	21	Haddock	3 oz.	105	4
White rice	2/3 cup	150	33	Halibut	3 oz.	146	0
<b>Sauce, Preserves, etc.</b>				<b>Desserts</b>			
Brown or granulated sugar	1 tbls.	50	13	Angel food cake	1 piece	135	32
Catsup	1 tbls.	15	4				
Dill pickles	1 med.	10	1				
French dressing	2 tbls.	130	6				
Honey	1 tbls.	65	17				
Jam, jellies	1 tbls.	53	14				
Maple syrup	1 tbls.	60	15				
Mayonnaise	2 tbls.	200	trace				
Molasses	1 tbls.	45	11				
Olives	5	30	1				
<b>Soups</b>							
Beef broth	1 cup	30	3				
Bean soup	1 cup	170	22				
Celery, creamed	1 cup	162	18				
Chicken	1 cup	95	8				
Chicken noodle	1 cup	65	8				
Clam chowder	1 cup	80	12				
Onion	1 cup	67	5				
Pea	1 cup	145	21				
Tomato, plain	1 cup	90	16				
Vegetable	1 cup	80	13				

Food	Size	Cal	Carb	Food	Size	Cal	Carb
Brownies with nuts	1 square	95	10	Milk, evaporated	1 cup	345	24
Chocolate cake	1 piece	235	40	Milk, nonfat or skim	1 cup	85	12
Chocolate chip cookies	2	100	14	Milk, whole	1 cup	160	12
Cupcake	1	90	14	Parmesan, grated	2 oz.	260	2
Danish pastry	1	275	30	Sour cream	1 tbls.	25	1
Doughnut	2	250	32	Swiss cheese	2 oz.	210	2
Fruitcake	1 slice	55	9	Yogurt, skim	1 cup	166	14
Gelatin, sweet	1 cup	140	34	<b>Fresh Fruits</b>			
Ice cream	1 cup	255	28	Apples	1 med.	70	18
Pie, 2-crust (apple, cherry)	1 piece	350	51	Apricot	3 med.	55	14
lemon	1 piece	305	45	Avocado	1 med.	370	13
pumpkin	1 piece	275	32	Banana	1 med.	100	26
Pound cake	1 piece	140	14	Blueberries	1/2 cup	44	11
Popsicle	1	70	18	Cantaloupe	1/2 med	60	14
Sherbet	1 cup	260	59	Cherries, pitted	1/2 cup	55	13
Sponge cake	1 piece	195	35	Dates, pitted	1/2 cup	123	33
White cake	1 piece	250	45	Figs	1 avg.	60	15
<b>Candies and Nuts</b>				Grapefruit	1/2 med.	45	12
Almonds	12	85	3	Grapes	1 cup	66	16
Caramels	1 oz.	115	22	Lemon juice	1/2 cup	30	15
Fudge	2 oz.	230	41	Oranges	1 med.	65	16
Hard candy	2 oz.	220	56	Peaches	1 med.	35	10
Marshmallows	1 oz.	90	23	Pears	1 med.	100	25
Milk chocolate	2 oz.	290	32	Pineapples	1/2 cup	38	10
Peanuts	12	70	2	Plums	1 med.	25	7
Peanut butter	1 tbls.	95	3	Strawberries	1/2 cup	28	7
Popcorn	2 cups	80	10	Watermelon	1 med.	116	28
Walnuts	4	100	2	<b>Vegetables</b>			
<b>Fish</b>				Asparagus	1/2 cup	15	5
Sardines	3 oz.	175	0	Beans, baked	1/2 cup	100	24
Scallops	3 oz.	115	27	Beans, kidney	1/2 cup	100	21
Shrimp, canned	3 oz.	100	1	Beans, lima	1/2 cup	85	17
Trout	3 oz.	114	0	Beans, green	1/2 cup	15	2
Tuna	3 oz.	170	0	Beets	1/2 cup	27	6
<b>Poultry</b>				Broccoli	1/2 cup	20	4
Chicken, broiled	avg. serv.	100	0	Brussels sprouts	1/2 cup	28	5
Chicken, canned	3 oz.	170	0	Cabbage, raw	1/2 cup	8	2
Chicken pot pie	8 oz.	535	42	Cabbage, cooked	1/2 cup	15	3
Turkey	3 oz.	162	0	Carrot	1 med.	20	5
<b>Dairy Products</b>				Carrots, cooked	1/2 cup	23	5
Bleu cheese	2 oz.	210	2	Cauliflower	1/2 cup	13	3
Butter	1 tbls.	100	trace	Celery	1 stalk	6	2
Buttermilk	1 cup	90	12	Corn	1 ear	90	18
Cheddar cheese	2 oz.	230	2	Cucumber	1 avg.	30	6
Cottage cheese	1/2 cup	130	4	Eggplant	1/2" slice	25	4
Cream cheese	2 oz.	214	2	Lentils	3-1/2 oz.	106	18
Cream, light	1 tbls.	30	1	Lettuce	1/4 head	45	3
Cream, heavy	1 tbls.	55	1	Mushrooms	1/2 cup	20	3
Eggs, boiled	1 med.	80	trace	Onions, cooked	1/2 cup	30	7
Eggs, scrambled w/milk	1 med.	110	1	Peas, cooked	1/2 cup	58	12
Egg white	1 med.	15	trace	<b>Other Fruits</b>			
Egg yolk	1 med.	60	trace	Raisins	1/2 cup	240	64
Margarine	1 tbls.	100	trace	Strawberries, frozen	1/2 cup	103	26
				Canned applesauce	1/2 cup	115	31
				Canned fruit cocktail	1/2 cup	98	25

## Calorie Burn-Off Guide

### 2-3 Calories Burned Per Minute

Dusting  
Sweeping  
Ironing  
Sewing  
Getting dressed  
Desk work  
Driving  
Walking leisurely  
Drawing or painting  
Playing cards and board games  
Knitting

### 3-4 Calories Burned Per Minute

Making beds  
Bowling  
Bicycling on level ground, 5 mph  
Walking on level ground, 2 mph  
Playing guitar, piano  
Typing

Repairing appliances  
Pushing a light lawnmower  
Wiping floors

### 4-5 Calories Burned Per Minute

Volleyball  
Horseshoes  
Bicycling, 6 mph

Gardening  
Fishing in still water  
Mild exercising  
Walking, 2½ mph  
Driving a truck  
Mopping  
Cleaning windows

### 5-6 Calories Burned Per Minute

Badminton, singles  
Tennis, doubles  
Swimming, 20 yards per minute  
Walking, 3-4 mph  
Bicycling, 8 mph  
Dancing  
Carpentry  
Vacuuming  
House painting  
Paper hanging

### 6-7 Calories Burned Per Minute

Heavy carpentry  
Ice skating  
Roller skating  
Waterskiing  
Horseback riding  
Stream fishing  
Rope jumping  
Vigorous exercises  
Walking, 4-5 mph  
Bicycling, 10 mph

### 7-8 Calories Burned Per Minute

Tennis, singles  
Skiing  
Shoveling snow  
Bicycling, 11 mph  
Walking, 5-6 mph  
Ballet dancing  
Square dancing

### 8-10 Calories Burned Per Minute

Vigorous downhill skiing  
Slow jogging, 5 mph  
Swimming, backstroke  
Bicycling, 12 mph  
Digging ditches  
Shoveling heavy snow  
Climbing stairs  
Squash

### 10-11 Calories Burned Per Minute

Running, 5½ mph  
Bicycling, 13 mph  
Handball

### 11-12 Calories Burned Per Minute

Running, more than 6 mph

# Diet

Week of

What I Ate

Calories Consumed

Carbohydrates

S  
U  
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# Fitness Program

**Week of**

**Fitness Exercise**

Hours Slept	Weight AM PM	Vitamins
-------------	--------------------	----------

S U N			
M O N			
T U E			
W E D			
T H U			
F R I			
S A T			

## Babysitter Memo

Our Cell Phone \_\_\_\_\_

Our House Address \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will be at (name and phone)

\_\_\_\_\_

We will return at approximately

\_\_\_\_\_

### Special Instructions

Will you do...

\_\_\_\_\_

\_\_\_\_\_

The children like (games, TV, books)

\_\_\_\_\_

\_\_\_\_\_

### Messages

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency

Doctor \_\_\_\_\_ Police \_\_\_\_\_

Neighbor \_\_\_\_\_

\_\_\_\_\_

# Housecleaning List

## Regular Chores

	To Do	Completed		To Do	Completed
<b>Kitchen</b>			<b>Family Room</b>		
floors	_____	_____	vacuum	_____	_____
counters	_____	_____	dust	_____	_____
stove	_____	_____	windows	_____	_____
refrigerator	_____	_____	_____	_____	_____
dishwasher	_____	_____	_____	_____	_____
scrub sinks	_____	_____	_____	_____	_____
microwave	_____	_____	_____	_____	_____
_____	_____	_____	<b>Living Room</b>		
_____	_____	_____	vacuum	_____	_____
<b>Bath (1)</b>			dust	_____	_____
scrub sink	_____	_____	windows	_____	_____
tub	_____	_____	_____	_____	_____
commode	_____	_____	_____	_____	_____
floor	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	<b>Dining Room</b>		
<b>Bath (2)</b>			vacuum	_____	_____
scrub sink	_____	_____	dust	_____	_____
tub	_____	_____	windows	_____	_____
commode	_____	_____	_____	_____	_____
floor	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	<b>Bedroom (2)</b>		
<b>Bedroom (1)</b>			change linens	_____	_____
change linens	_____	_____	vacuum/dust	_____	_____
vacuum/dust	_____	_____	floor	_____	_____
floor	_____	_____	baseboards	_____	_____
baseboards	_____	_____	closet	_____	_____
closet	_____	_____	<b>Bedroom (4)</b>		
<b>Bedroom (3)</b>			change linens	_____	_____
change linens	_____	_____	vacuum/dust	_____	_____
vacuum/dust	_____	_____	floor	_____	_____
floor	_____	_____	baseboards	_____	_____
baseboards	_____	_____	closet	_____	_____
closet	_____	_____			



## Household Budget

Rent/ Mortgage Payment	Utilities	Food	Taxes	Insurance: Health and Life
<i>Totals</i>				

Auto Payment	Auto Repair and Gas	Telephone	Clothes	Credit Card	
<i>Totals</i>					

## Household Budget

Childcare	Doctor	Dentist	Rx	Taxes
<i>Totals</i>				

Donations	Savings	Installment Payments	Miscellaneous
<i>Totals</i>			

**Monthly Grand Total** \_\_\_\_\_

## Itemized Expenses

Name						Week Ending	
Date							
	SUN	MON	TUE	WED	THU	FRI	SAT
From							
To							
To							
Auto Mileage							
At ¢ Per Mile							
Auto Rental							
Gas Oil Lube							
Hotel							
Breakfast							
Lunch							
Dinner							
Air/Rail/Bus							
Local Cab/Bus							
Phone							
Entertainment							
Tips							
Tolls							
Childcare							
Misc.							
<b>Daily Total</b>							
<b>Total Expenses</b>							
Entertainment (date, who discussed)							
Signed							



## Goals and Projections

Time Period

**Items to consider listing:**

Personal, Physical, Family, Spiritual, Career or  
Work, Financial

**Target  
Date**

**Completed  
Date**





## Required Resources

<b>Persons</b> <i>Contacts, Services</i>		<b>Phone</b>	
<b>Materials</b>			
<b>Budget</b> <i>Expenses</i>			
	<b>Total</b>		



# Telephone Directory

	Telephone Address
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell
Name	Tel. No.
E-mail	Cell

# My Yellow Pages

**Name**

Tel. No.

**Name**

Tel. No.

**Name**

Tel. No.

**Name**

Tel. No.

**Name**

Tel. No.

**Name**

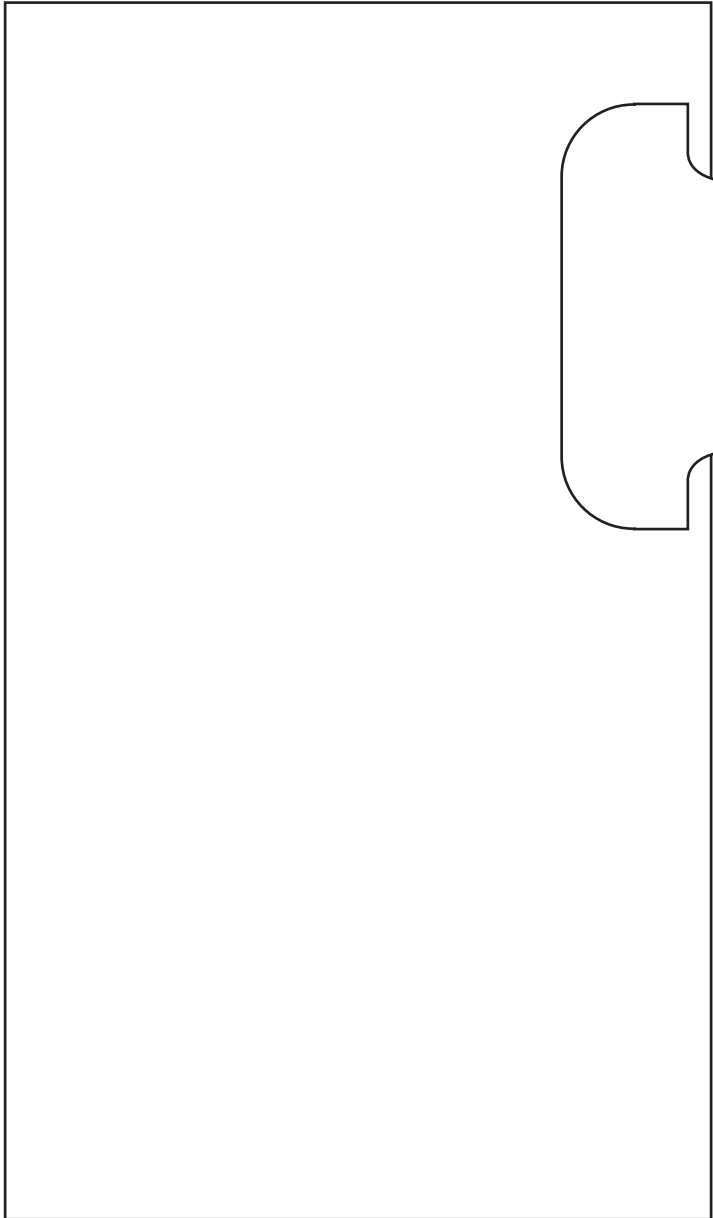
Tel. No.

**Name**

Tel. No.

**Name**

Tel. No.



**OCTOBER**

# Week-at-a-Glance

## Week Scan

(Circle Month)

JAN

FEB

MAR

APRIL

MAY

JUN

Week Beginning

### Monday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

### Tuesday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

### Wednesday

AM

Date

APPTS

TO DO

NOON

CALLS

PM

**Week Scan**

(Circle Month)

JUL

AUG

SEP

OCT

NOV

DEC

Week Ending

**Thursday**

AM

Date

APPTS

TO DO

NOON

CALLS

PM

**Friday**

AM

Date

APPTS

TO DO

NOON

CALLS

PM

**Saturday**

Date

**Sunday**

Date

## Travel Checklist

Apparel	Color	Accessories	Color	Undergarments
Suits	_____	Ties/Scarves	_____	T-Shirts
	_____		_____	Shorts
	_____		_____	Panties
Jackets	_____	Belts	_____	Slips
	_____		_____	Bras
	_____		_____	
Dresses	_____	Hats	_____	<b>Miscellaneous</b>
	_____		_____	Camera & Film
	_____		_____	Journal
Shirts	_____	Jewelry	_____	Reading Material
	_____		_____	_____
	_____		_____	_____
Shoes	_____	Hankies	_____	Vitamins
	_____	Stockings	_____	Medications
	_____		_____	Aspirins
Handbags	_____	<b>Sleepwear</b>		
	_____	Robe	_____	Stationery
	_____	Slippers	_____	Stamps
Shorts	_____	P.J.'s	_____	Recreational Equipment
	_____		_____	_____
	_____	<b>Cosmetics</b>		_____
Slacks	_____	Toothbrush and		_____
	_____	Toothpaste	_____	_____
	_____	Razor	_____	Passport
	_____	Shaving Cream	_____	Travelers Checks
<b>Sport Clothes</b>		Hairspray	_____	Business Papers
Swimsuit	_____	Makeup	_____	Computer and Connectors
Cover-up	_____	Nail Care	_____	_____
Pool Shoes	_____	Face Creams	_____	_____
Tennis Clothes	_____	Cologne	_____	_____
	_____	Hair Dryer	_____	_____
Running Clothes	_____	Curling Iron	_____	Gift for Hostesses
	_____	Curlers	_____	_____
	_____		_____	_____
	_____		_____	_____







---

## Appliance Record

---

Appliance: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Website: \_\_\_\_\_

Model Name and Number: \_\_\_\_\_

Year: \_\_\_\_\_

Serial No. \_\_\_\_\_

Maintenance Policy Purchased      yes \_\_\_\_\_ no \_\_\_\_\_

Insured by: \_\_\_\_\_

Name and Number: \_\_\_\_\_

---

Appliance: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Website: \_\_\_\_\_

Model Name and Number: \_\_\_\_\_

Year: \_\_\_\_\_

Serial No. \_\_\_\_\_

Maintenance Policy Purchased      yes \_\_\_\_\_ no \_\_\_\_\_

Insured by: \_\_\_\_\_

Name and Number: \_\_\_\_\_

---

Appliance: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Website: \_\_\_\_\_

Model Name and Number: \_\_\_\_\_

Year: \_\_\_\_\_

Serial No. \_\_\_\_\_

Maintenance Policy Purchased      yes \_\_\_\_\_ no \_\_\_\_\_

Insured by: \_\_\_\_\_

Name and Number: \_\_\_\_\_

## Medical Records

Name: \_\_\_\_\_ Blood Type: \_\_\_\_\_

### Immunizations

Date	Type	Date	Type

### Disease Contracted

Date	Type	Details

### Injuries, Accidents

Date	Details

### Examination Record

<i>Physical</i> Date, Checkup, Results	<i>Dental</i> Date, Checkup, Results	<i>Eye</i> Date, Checkup, Results



## Gift List

Name \_\_\_\_\_

Personal Data (Age/Sizes) \_\_\_\_\_

Occasion \_\_\_\_\_

Gift Ideas (Interest Areas) \_\_\_\_\_

Date Sent

Cost

Acknowledged

Name \_\_\_\_\_

Personal Data (Age/Sizes) \_\_\_\_\_

Occasion \_\_\_\_\_

Gift Ideas (Interest Areas) \_\_\_\_\_

Date Sent

Cost

Acknowledged

Name \_\_\_\_\_

Personal Data (Age/Sizes) \_\_\_\_\_

Occasion \_\_\_\_\_

Gift Ideas (Interest Areas) \_\_\_\_\_

Date Sent

Cost

Acknowledged

## Christmas Gift List

Name: \_\_\_\_\_ Personal Data \_\_\_\_\_

Ideas \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_

Name: \_\_\_\_\_ Personal Data \_\_\_\_\_

Ideas \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_

Name: \_\_\_\_\_ Personal Data \_\_\_\_\_

Ideas \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Sent \_\_\_\_\_ Cost \$ \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_

20 \_\_\_ Rec'd \_\_\_\_\_ Acknowledged \_\_\_\_\_



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## Hospitality/Entertainment Helper

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Happening (Description/Theme) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

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Menu (Beverage, Appetizers, Main Course, Dessert) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Assistants and Caterer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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To Do	Budget
_____	\$ _____
_____	_____
_____	_____
_____	_____



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**Client/Contact/Customer Record**

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Notes and Pertinent Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Notes and Pertinent Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Notes and Pertinent Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by \_\_\_\_\_

Notes and Pertinent Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

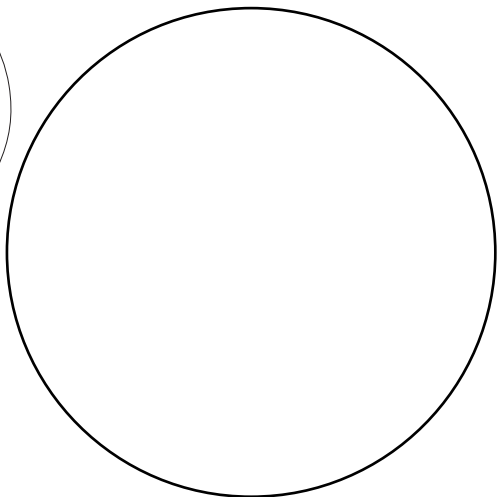
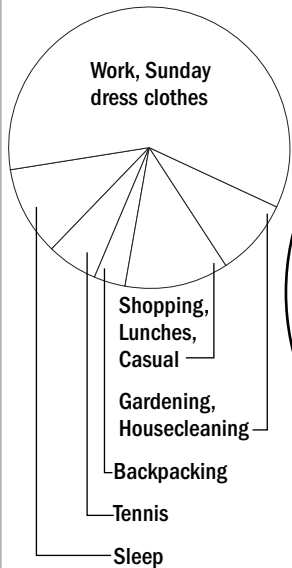








# Wardrobe Activity Wheel



**Total: 168 hours**

# Wardrobe Inventory

Blouses

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Dresses

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Jackets

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Shirts

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Slacks

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Sweaters

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Skirts

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Accessories

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Suits

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Shoes

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