

# November 2026

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|-----|-----|-----|-----|
| 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  |     |     |     |     |     |

### GOALS THIS MONTH

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

### IMPORTANT DATES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

### NOTES

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\_\_\_\_\_

# Weekly Planner

Week of \_\_\_\_\_

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

TOP PRIORITIES

# Daily Planner

Date \_\_\_\_\_

## SCHEDULE

6 am

7 am

8 am

9 am

10 am

11 am

12 pm

1 pm

2 pm

3 pm

4 pm

5 pm

6 pm

7 pm

8 pm

9 pm

## TOP 3

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## TO DO

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

☐ \_\_\_\_\_

## NOTES

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

Water        

# To-Do List

Date \_\_\_\_\_

## MUST DO TODAY

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

## TO DO

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
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## CALLS, EMAILS AND ERRANDS

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
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## NOTES

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

## DONE TODAY? MY REWARD



Reward: \_\_\_\_\_

# Habit Tracker

November 2026

|                          | S<br>1                   | M<br>2                   | T<br>3                   | W<br>4                   | T<br>5                   | F<br>6                   | S<br>7                   | S<br>8                   | M<br>9                   | T<br>10                  | W<br>11                  | T<br>12                  | F<br>13                  | S<br>14                  | S<br>15                  | M<br>16                  | T<br>17                  | W<br>18                  | T<br>19                  | F<br>20                  | S<br>21                  | S<br>22                  | M<br>23                  | T<br>24                  | W<br>25                  | T<br>26                  | F<br>27                  | S<br>28                  | S<br>29                  | M<br>30                  | Total                    |                      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Drink 8 glasses of water | <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="text"/> |
| Read 20 minutes          | <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="text"/> |
| Move for 30 minutes      | <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="text"/> |
| No screens after 9 pm    | <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="text"/> |
| Make my bed              | <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="text"/> |
| Practice gratitude       | <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="text"/> |

Color in a circle each day you keep the habit. Count the total at the end of the month.

HOW DID THIS MONTH GO?

# Meal Planner

Week of \_\_\_\_\_

|           | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------|-----|-----|-----|-----|-----|-----|-----|
| Breakfast |     |     |     |     |     |     |     |
| Lunch     |     |     |     |     |     |     |     |
| Dinner    |     |     |     |     |     |     |     |
| Snacks    |     |     |     |     |     |     |     |

## GROCERY LIST

Fruit and vegetables

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Dairy and eggs

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Meat and fish

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Pantry

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

Other

☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

# Monthly Budget

November 2026

INCOME

SPENDING

SAVINGS

LEFT OVER

| INCOME   |          |        | SAVINGS AND DEBT |        |                          |
|----------|----------|--------|------------------|--------|--------------------------|
| Source   | Expected | Actual | Goal             | Amount | Done                     |
| Paycheck |          |        | Emergency fund   |        | <input type="checkbox"/> |
|          |          |        |                  |        | <input type="checkbox"/> |
|          |          |        |                  |        | <input type="checkbox"/> |
|          |          |        |                  |        | <input type="checkbox"/> |

| Bill               | Due date | Amount | Paid                     |
|--------------------|----------|--------|--------------------------|
| Rent or mortgage   |          |        | <input type="checkbox"/> |
| Electricity        |          |        | <input type="checkbox"/> |
| Water              |          |        | <input type="checkbox"/> |
| Phone and internet |          |        | <input type="checkbox"/> |
| Insurance          |          |        | <input type="checkbox"/> |
|                    |          |        | <input type="checkbox"/> |
|                    |          |        | <input type="checkbox"/> |

| Category          | Budget | Spent | Difference |
|-------------------|--------|-------|------------|
| Groceries         |        |       |            |
| Gas and transport |        |       |            |
| Eating out        |        |       |            |
| Household         |        |       |            |
| Kids and school   |        |       |            |
| Health            |        |       |            |
| Fun               |        |       |            |
| Gifts             |        |       |            |
| Other             |        |       |            |

NOTES

NEXT MONTH I WILL

# Goal Planner

Start date \_\_\_\_\_

## MY GOAL

## WHY IT MATTERS TO ME

## FINISH BY

How will I know I did it?

## WHAT MIGHT GET IN THE WAY

## WHAT I WILL DO ABOUT IT

## STEPS

| #  | Small step | By when | Done                     |
|----|------------|---------|--------------------------|
| 1  |            |         | <input type="checkbox"/> |
| 2  |            |         | <input type="checkbox"/> |
| 3  |            |         | <input type="checkbox"/> |
| 4  |            |         | <input type="checkbox"/> |
| 5  |            |         | <input type="checkbox"/> |
| 6  |            |         | <input type="checkbox"/> |
| 7  |            |         | <input type="checkbox"/> |
| 8  |            |         | <input type="checkbox"/> |
| 9  |            |         | <input type="checkbox"/> |
| 10 |            |         | <input type="checkbox"/> |

## PROGRESS: COLOR ONE BAR FOR EVERY 10%

10%

20%

30%

40%

50%

60%

70%

80%

90%

100%

## WINS ALONG THE WAY

My reward: \_\_\_\_\_

# Birthdays and Anniversaries

|                                                                                                                                              |                                                                                                                                               |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>January</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div>February</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div>March</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>     |
| <div>April</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>   | <div>May</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>      | <div>June</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>      |
| <div>July</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>    | <div>August</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>   | <div>September</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| <div>October</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div>November</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <div>December</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>  |

# Cleaning Schedule

Week of \_\_\_\_\_

## EVERY DAY

|                           | M                        | T                        | W                        | T                        | F                        | S                        | S                        |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Make beds                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wash dishes               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wipe kitchen counters     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quick tidy of living room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Check laundry             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## EVERY WEEK

- ☐ Vacuum floors
- ☐ Mop kitchen and bathroom
- ☐ Change bed sheets
- ☐ Clean bathroom
- ☐ Dust surfaces
- ☐ Take out recycling
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
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- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## EVERY MONTH

- ☐ Clean the fridge
- ☐ Wash windows
- ☐ Clean the oven
- ☐ Wipe light switches
- ☐ Declutter one drawer
- ☐ Wash pillows
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
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