

# The **Weekly** List

Top 3 priorities this week	When I plan to do this
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____

Other things I can get to this week	When I plan to do this
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____
<input type="checkbox"/> _____	Day _____

Themes for each day
S _____
M _____
T _____
W _____
T _____
F _____
S _____

Habit tracker
<i>Meditate</i> ○○○○○
_____ ○○○○○
_____ ○○○○○

Looking ahead
Anything next week I need to be thinking about
_____
_____