

Daily Review

Date _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> 5am out of bed <input type="checkbox"/> Morning exercise <input type="checkbox"/> Spiritual fulfilment <input type="checkbox"/> Education <input type="checkbox"/> Journal <input type="checkbox"/> Daily Review <input type="checkbox"/> Peak diet <input type="checkbox"/> Today's Top 5 <input type="checkbox"/> Gratitude Top 5	AM Protocol <input type="checkbox"/> Rest and recovery day with family <input type="checkbox"/> Conduct weekly interview

Weekly Planner

- Read last days statement
- Review my big 5 before I die
- Review top 5 life values
- Review my inner scoreboard
- Review my 8 forms of wealth
- Review Quarterly Top 5
- Review Yearly Top 5
- Review my 5-20 year goals
- Review the last 7 days
- Review the next 7 days

- Write my weekly story
- Did I have a date night with Jen
- Did I take a day off
- Audio Book completed
Name of Book _____
- Energy /10
- Enthusiasm /10
- Spiritual Connection /10
- Work/life balance /10
- House, car, home office clean and tidy