

The logo consists of a black horizontal bar with rounded ends. In the center of this bar is a white square with a black border. Inside the square, the text 'D\*I\*Y' is written in a large, bold, serif font, with asterisks between the letters. Below 'D\*I\*Y', the word 'planner' is written in a smaller, lowercase, serif font.

# D\*I\*Y planner

## D\*I\*Y Planner v3.0 Core Package (A5)

Welcome to the **D\*I\*Y Planner** system, developed by Douglas Johnston of [DIYPlanner.com](http://DIYPlanner.com). This series of free do-it-yourself, printable forms covers life management, calendars, project planning, notetaking, health, finance, and creative uses like writing, storyboards, and web design. Besides the nearly 200 printable templates, it also includes a cover kit, a detailed handbook brimming with advice, and a beginner's guide to setting up your own customised planner system. With some basic supplies and a little elbow grease, you can create an ideal low-cost kit that meets almost every need.

This the **D\*I\*Y Planner v3 Core Package**, the main file for the system, containing scores of forms for life and project management, as well as a number of generic templates and various odds and ends. Note that most templates include variations for both odd and even pages, allowing you to print and configure your own personalised system however you like.

The most recent version of this package, along with the rest of the printable template kits, can always be found at:

<http://www.diyplanner.com/templates/official/classic>

The [DIYPlanner.com](http://DIYPlanner.com) site also contains handbooks, how-to guides, documents and numerous articles that can help you make the most of your planner. Please visit the [site home page](#) or the [documents section](#) to get started.

### Legal Rights & Disclaimers

All official D\*I\*Y Planner templates, covers, and relevant documentation are ©2004-2006 [Douglas Johnston](#), email [dougj@diyplanner.com](mailto:dougj@diyplanner.com).

This package is released under the terms of a Creative Commons license:

<http://creativecommons.org/licenses/by-nc-nd/2.0/>



# Personal Profile



## Contact Information

NAME			
Address	<hr/> <hr/>		
Telephone	Work	Fax	
	Mobile	Home	
	Other		
Email			
Messenger			
Website			

## Emergency Information

NOTIFY	Relationship	
Address	<hr/> <hr/>	
Telephone		
Email		

Medical Issues <small>(Allergies, medications, etc.)</small>	<hr/> <hr/>
Blood Type/Issues	
Health Plan	



--	--



# Important Numbers



## Medical & Emergency

Hospital		
Doctor		
Poison Control		
Dentist		
Veterinarian		
Insurance		Account
Police		
Fire Department		

## Home & Automotive

Landlord		
Garage		
Insurance		Account
Services	Plumber	Electrician
	Carpenter	

## Financial \*

Accountant		
Accounts (Saving, Chequing, Credit Cards)		Account
		Account
		Account
		Account













## Other


\* Remember that all financial information should be safeguarded in order to protect yourself from theft.


















# Harmony



				
				
	<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="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

# Harmony



			
			
	<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="checkbox"/>		















# Actions Quadrant

--	--

--	--

--	--

--

--

<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="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"/>	

--	--

















# Agendas

---



Person / Meeting

Item	Date/Time
<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"/>	



Person / Meeting

Item	Date/Time
<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"/>	

# Agendas

---



Person / Meeting

Item	Date/Time
<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"/>	
<hr/> <hr/>	



Person / Meeting

Item	Date/Time
<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"/>	
<hr/> <hr/>	



# Potentials Quicklist

---

  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason  
Reason











# Objectives

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcome	<hr/>
---------	-------

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcome	<hr/>
---------	-------

# Objectives

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcome	<hr/>
---------	-------

Objective	
Description	Target Date
<hr/>	
<input type="checkbox"/>	
Benefits	
Challenges	

Step	Target
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outcome	<hr/>
---------	-------

# Priority Matrix

Title	Date

		URGENCY	
		Urgent	Not Urgent
IMPORTANCE	Important	Urgent / Important	Not Urgent / Important
	Not Important	Urgent / Not Important	Not Urgent / Not Important

# Priority Matrix

		Date	
<b>IMPORTANCE</b>	<b>URGENCY</b>	Urgent / Important	Not Urgent / Important
		Urgent / Not Important	Not Urgent / Not Important















# Project Outline <sup>A</sup>



**Title**

Description

---

Objective

---

**Challenges**

**Solutions**



**Task** **Target**

<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"/>		

---

# Project Outline A



**Title**

Description

Objective

**Challenges**

**Solutions**



**Task** **Target**

<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"/>		



# Project Outline <sub>B</sub>

---



<b>Title</b>
--------------

Task		Target
<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="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"/>		

<hr style="border-top: 1px dashed #000;"/>
--

# Project Outline B

Title

	Task	Target
<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"/>		

# Project Notes

---



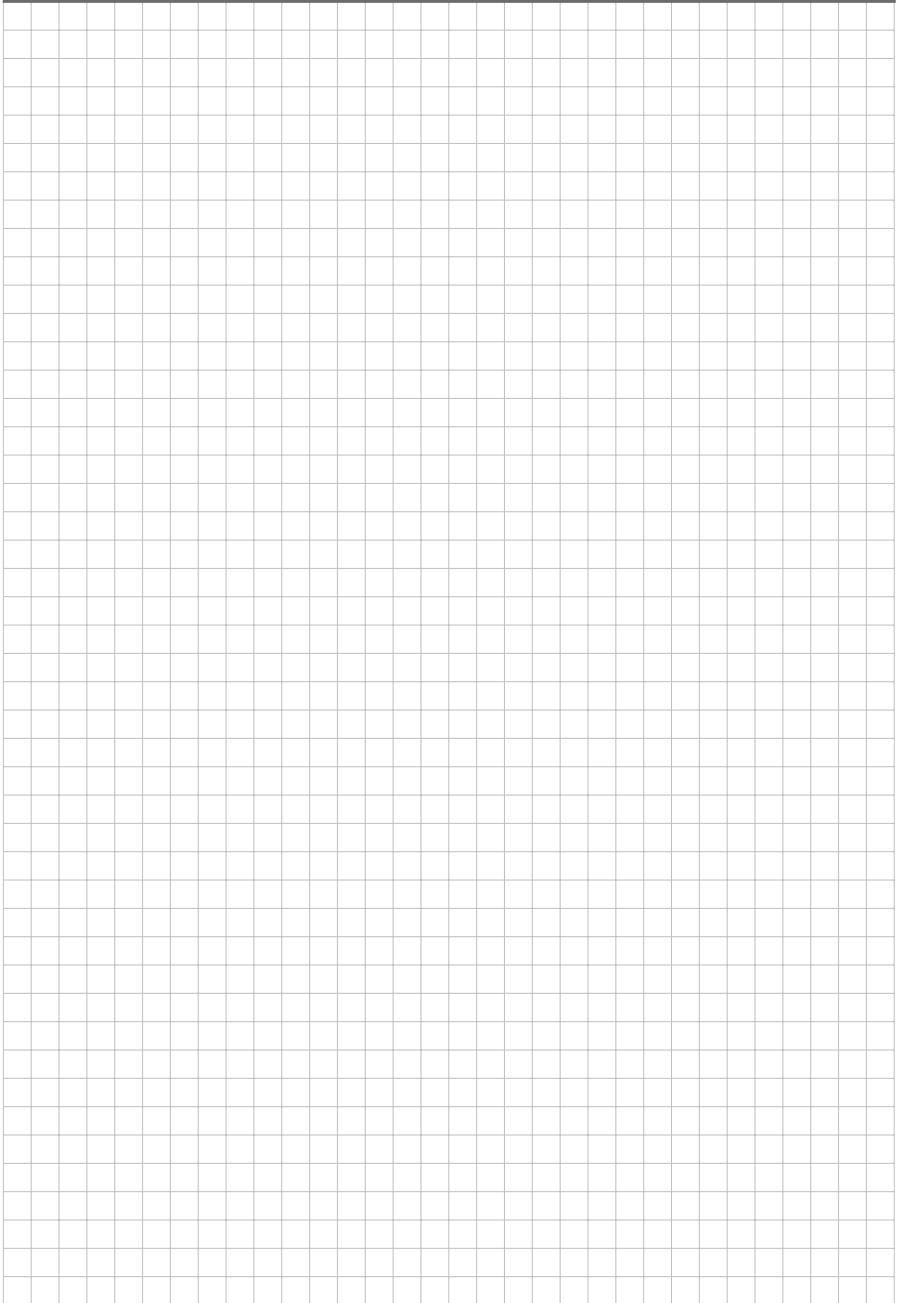
Title

# Project Notes

---



Title



# Project Tracker

--

Project	
---------	--

<b>Objective</b>	<b>Dates</b>
	Target Date
	Completed Date

<b>Notes &amp; Issues</b>

Item	Action	Due	Del	Comp	Impact
<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"/>					

ITEM = Item or Reference Number    ACTION = Project Action or Item DUE = Set Due Date    DEL = Delegate Name and/or Date    COMP = Completion Date IMPACT = Impact of Completion Date(s) on project, in days	External Impact	
	Total Impact	

# Project Tracker

--

<b>Project</b>	
----------------	--

<b>Objective</b>	<b>Dates</b>
	Target Date
	Completed Date

<b>Notes &amp; Issues</b>

Item	Action	Due	Del	Comp	Impact
<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"/>					

<p>ITEM = Item or Reference Number    ACTION = Project Action or Item DUE = Set Due Date    DEL = Delegate Name and/or Date    COMP = Completion Date IMPACT = Impact of Completion Date(s) on project, in days</p>	<b>External Impact</b>
	<b>Total Impact</b>

# Job Tracker

--

<b>Client</b>	
---------------	--

Dates		
Rate	Time On-Site	
	Time Off-Site	
Expenses	Travel Time	
	Billable Time	
Notes	----- ----- -----	

## Specifics

<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"/>			

----- -----
----------------

# Job Tracker

--

<b>Client</b>	
---------------	--

Dates	
Rate	Time On-Site
	Time Off-Site
Expenses	Travel Time
	Billable Time
Notes	

## Specifics

<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"/>		












# Crossroads



Title	Date
-------	------

Destination \_\_\_\_\_

## Four Paths to Reach the Destination

1

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

2

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

3

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

4

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

Looking Back

# Crossroads



Title	Date
-------	------

Destination

---

## Four Paths to Reach the Destination

1

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

2

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

3

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

4

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

Looking Back

# Contacts

---

Name	
Address	Phone
	Fax
	Mobile
Email	

Name	
Address	Phone
	Fax
	Mobile
Email	

Name	
Address	Phone
	Fax
	Mobile
Email	

Name	
Address	Phone
	Fax
	Mobile
Email	

Name	
Address	Phone
	Fax
	Mobile
Email	

# Contacts



**Name**

Address	Phone
	Fax
	Mobile
Email	

**Name**

Address	Phone
	Fax
	Mobile
Email	

**Name**

Address	Phone
	Fax
	Mobile
Email	

**Name**

Address	Phone
	Fax
	Mobile
Email	

**Name**

Address	Phone
	Fax
	Mobile
Email	











# Sources

---

Name	
Contact	Account
Address	Phone
	Fax
	Email
Hours	Web

Name	
Contact	Account
Address	Phone
	Fax
	Email
Hours	Web

Name	
Contact	Account
Address	Phone
	Fax
	Email
Hours	Web

Name	
Contact	Account
Address	Phone
	Fax
	Email
Hours	Web

# Sources



## Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

## Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

## Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		

## Name

Contact			Account
Address	Phone		
	Fax		
	Email		
Hours	Web		



















# Trip Diary

\_\_\_\_\_

--	--	--

--

Date	Destination	Starting	Ending	Mileage
------	-------------	----------	--------	---------


			TOTAL	





# Auto Maintenance Log



## Vehicle Information

Make		Year	
Model		Colour	
VIN		License	
Insurance			

## Date      Mileage      Services & Location      Cost

Date	Mileage	Services & Location	Cost

## Warranty Details

-----

-----

# Auto Maintenance Log



## Vehicle Information

Make		Year	
Model		Colour	
VIN		License	
Insurance			

Date	Mileage	Services & Location	Cost
------	---------	---------------------	------


## Warranty Details

-----
-----

# To Buy



<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost
<input type="checkbox"/>	Store	Cost

Notes

---

**TOTAL**

# To Buy

---



<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost
<input type="checkbox"/>		
	Store	Cost

Notes

-----

**TOTAL**





# Finances


Date	Item	\$ ↓ ↑ ✓	Amount
		<b>TOTAL</b>	

\$ Cash ↓ Debit ↑ Credit ✓ Check













# Job Search <sup>A</sup>

--

<b>Position</b>	Ref. #
-----------------	--------

Company	Deadline <input type="checkbox"/>
Source	
Contact	

<b>Description</b>

<b>Requisites</b>
PR

<b>Strengths</b>
PR

<b>Obstacles</b>
PR

Date Applied	Materials Sent
--------------	----------------

# Job Search <sup>A</sup>

--

<b>Position</b>	Ref. #
-----------------	--------

Company	Deadline <input type="checkbox"/>
Source	
Contact	

<b>Description</b>

<b>Requisites</b>
PR

<b>Strengths</b>
PR

<b>Obstacles</b>
PR

Date Applied	Materials Sent
--------------	----------------

# Job Search <sup>B</sup>



## Contact Log

Title
Company
Contact per Ad
-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

# Job Search <sup>B</sup>



## Contact Log

Title
Company
Contact per Ad
-----

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	

Date / Time	Person / Contact	Follow-up Date	
	Outcome	Me <input type="checkbox"/>	Them <input type="checkbox"/>
Note Ref.	-----	-----	
	-----	-----	