



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

Welcome to the **D*I*Y Planner** system, developed by Douglas Johnston of 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 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.

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Personal Profile

Contact Information		
NAME		
Address		
Telephone	Work	Fax
	Mobile	Home
	Other	
Email		
Messenger		
Website		

Emergency Information	
NOTIFY	Relationship
Address	
Telephone	
Email	
Medical Issues <small>(Allergies, medications, etc.)</small>	
Blood Type/Issues	
Health Plan	



Personal Profile

Contact Information		
NAME		
Address		
Telephone	Work	Fax
	Mobile	Home
	Other	
Email		
Messenger		
Website		

Emergency Information	
NOTIFY	Relationship
Address	
Telephone	
Email	
Medical Issues <small>(Allergies, medications, etc.)</small>	
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.

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













Harmony	
	
	
	
	
	
	
	

Harmony

Harmony	
	
	
	
	
	
	
	













Harmony



Harmony



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"/>	

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"/>	

Goal Planning

Goal

Mission

Wildly Successful If ...

Step **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"/>		

Outcomes

Goal Planning

Goal

Mission

Wildly Successful If ...

Step **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"/>		

Outcomes

Priority Matrix

Title		Date	
URGENCY			
IMPORTANCE	Urgent / Important	Not Urgent / Important	
	Urgent / Not Important	Not Urgent / Not Important	

Priority Matrix

Title		Date	
URGENCY			
IMPORTANCE	Urgent / Important	Not Urgent / Important	
	Urgent / Not Important	Not Urgent / Not Important	

Priority Matrix

Title		Date	
URGENCY			
IMPORTANCE	Urgent / Important	Not Urgent / Important	
	Urgent / Not Important	Not Urgent / Not Important	

Priority Matrix

Title		Date	
URGENCY			
IMPORTANCE	Urgent / Important	Not Urgent / Important	
	Urgent / Not Important	Not Urgent / Not Important	

Project Details ^A

Title

Client		
Start Date		Target Date

Description / Objectives

Basic Resources

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

Notes

Project Details ^A

Title

Client		
Start Date		Target Date

Description / Objectives

Basic Resources

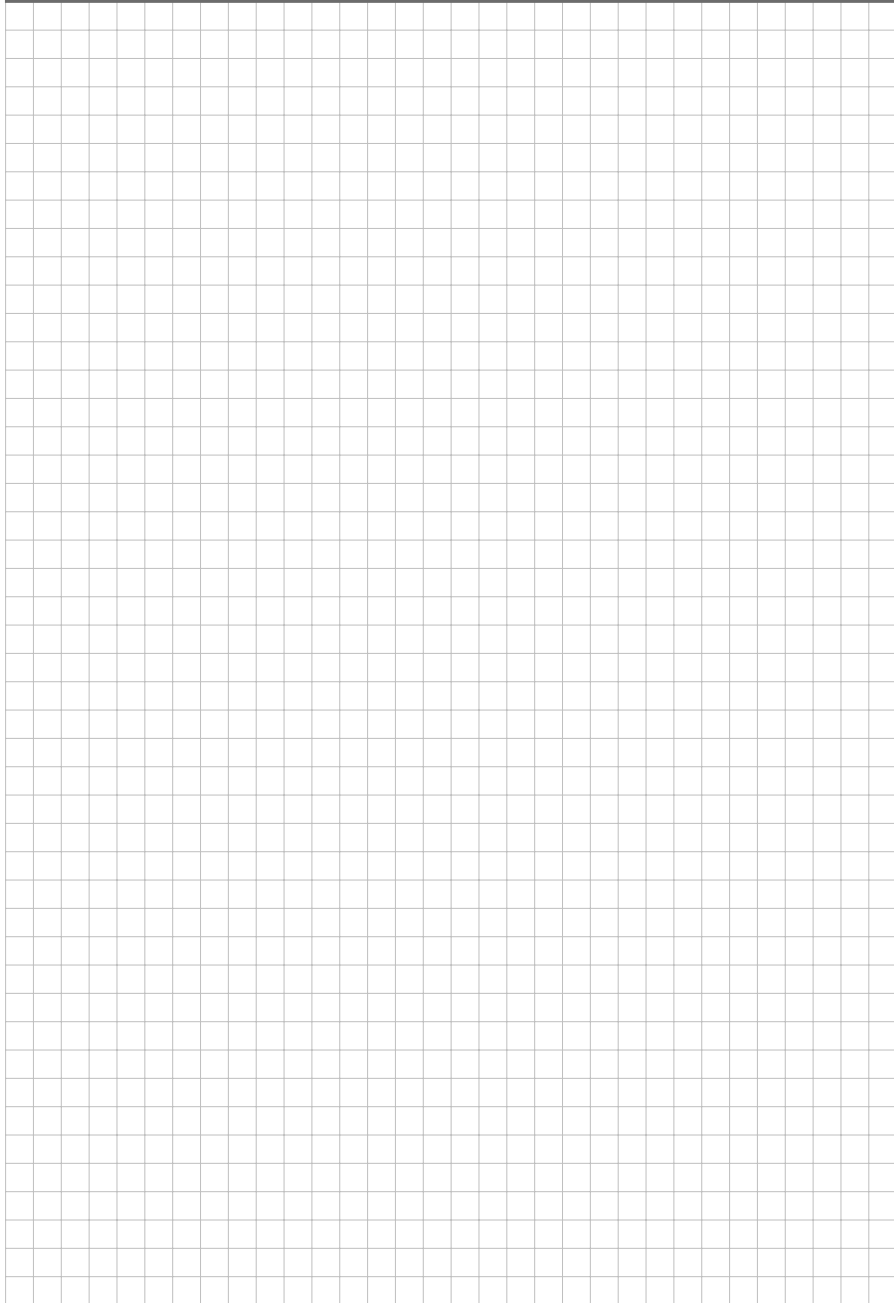
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>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

Notes

Project Notes



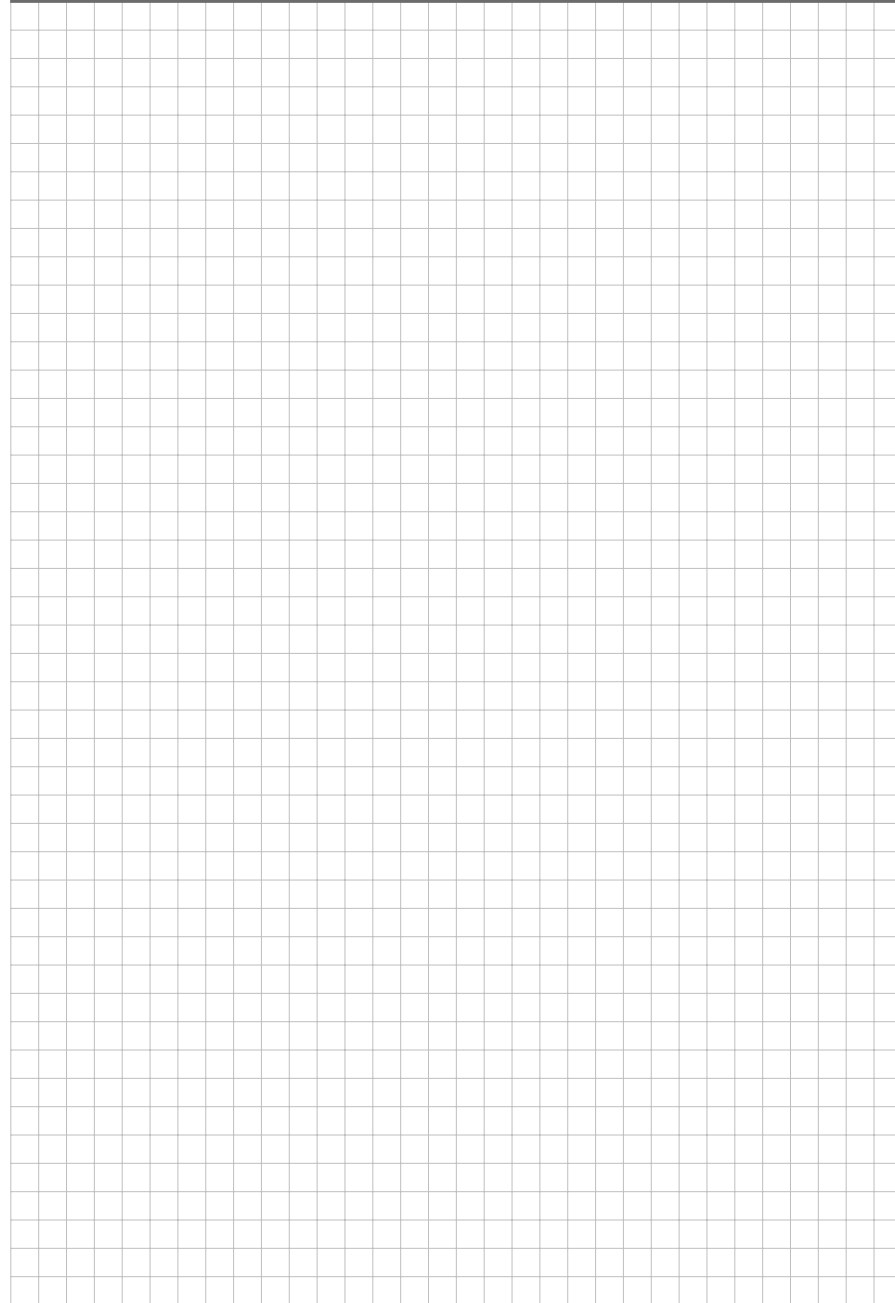
Title



Project Notes



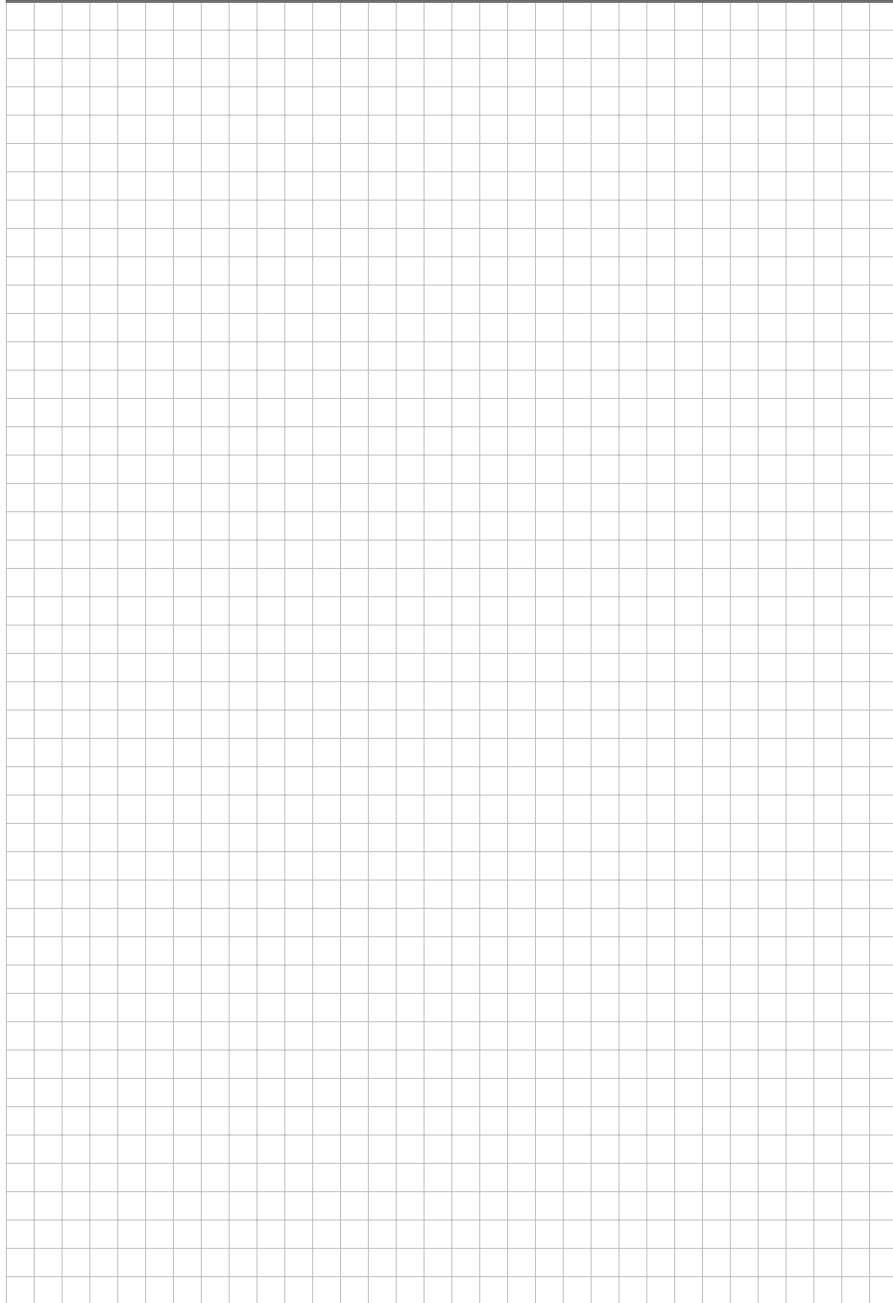
Title



Project Notes



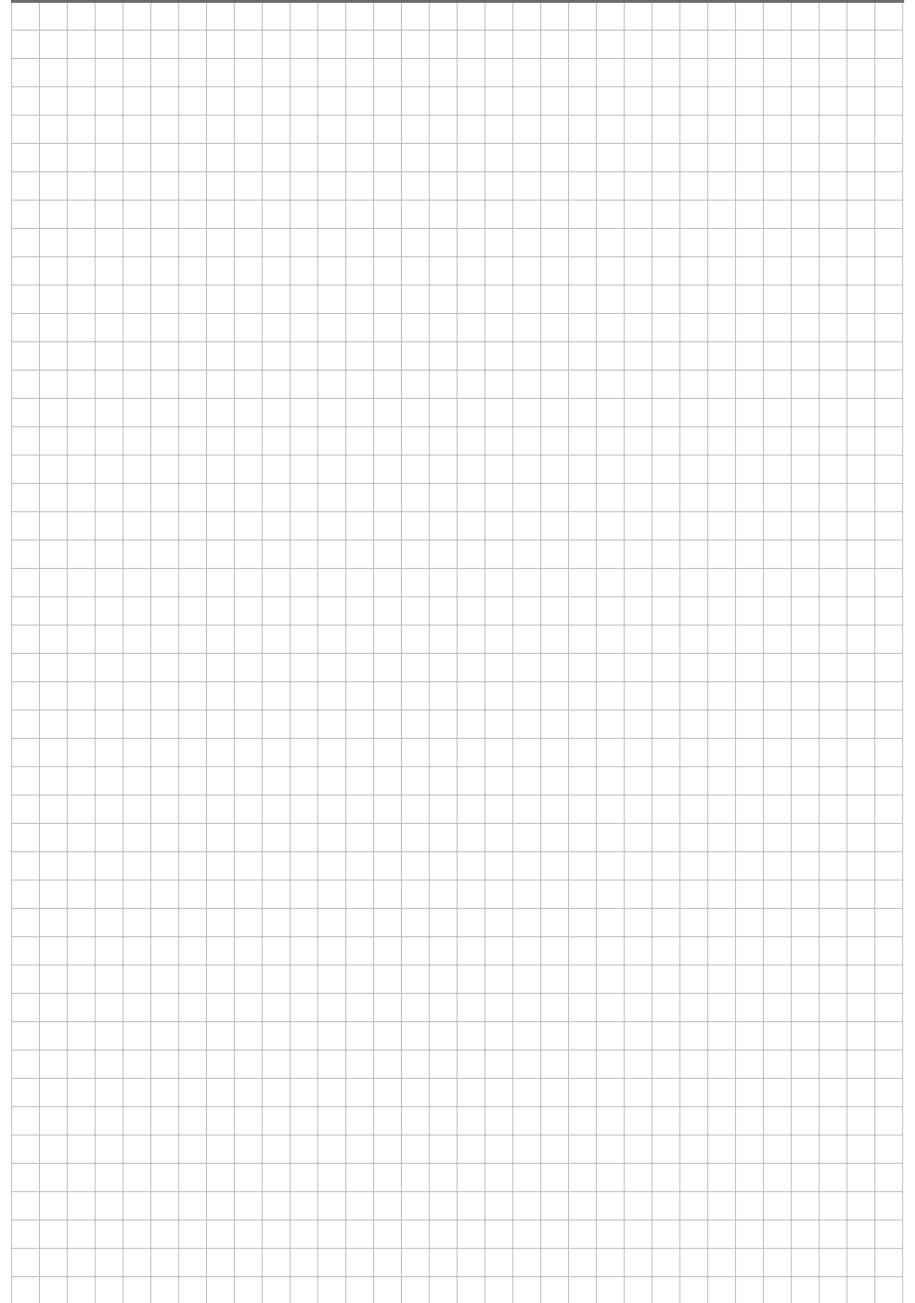
Title



Project Notes



Title



Project Tracker

Project					
Objective				Dates	
_____ -----				Target Date	
				Completed Date	
Notes & Issues					
_____ -----					
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"/>					
<input type="checkbox"/>					
External Impact					
Total Impact					

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

Project Tracker

Project					
Objective				Dates	
_____ -----				Target Date	
				Completed Date	
Notes & Issues					
_____ -----					
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"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
External Impact					
Total Impact					

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

Job Tracker

--	--

Client	
---------------	--

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

--	--

Client	
---------------	--

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"/>			

--

Weekly Tracker

Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Weekly Tracker

Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Crossroads

Title		Date
Destination		
Four Paths to Reach the Destination		
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
3	4	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
Looking Back		

Crossroads

Title		Date
Destination		
Four Paths to Reach the Destination		
1	2	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
3	4	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
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	

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

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
Name		
Contact		Account
Address	Phone	
	Fax	
	Email	
Hours	Web	

Sources		
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	

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	

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

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
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
<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

<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

<input type="checkbox"/>		
Store		Cost

<input type="checkbox"/>		
Store		Cost

Notes

TOTAL	
-------	--

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
----- ----- -----		
Description		
----- ----- -----		
Requisites		
PR ----- ----- -----		
Strengths		
PR ----- ----- -----		
Obstacles		
PR ----- ----- -----		
Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
----- ----- -----		
Description		
----- ----- -----		
Requisites		
PR ----- ----- -----		
Strengths		
PR ----- ----- -----		
Obstacles		
PR ----- ----- -----		
Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
----- ----- -----		
Description		
----- ----- -----		
Requisites		
PR ----- ----- -----		
Strengths		
PR ----- ----- -----		
Obstacles		
PR ----- ----- -----		
Date Applied	Materials Sent	

Job Search ^A

Position		Ref. #
Company	Deadline <input type="checkbox"/>	
Source		
Contact		
----- ----- -----		
Description		
----- ----- -----		
Requisites		
PR ----- ----- -----		
Strengths		
PR ----- ----- -----		
Obstacles		
PR ----- ----- -----		
Date Applied	Materials Sent	

Job Search ^B

--

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 ^B

--

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 ^B

--

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 ^B

--

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.		
