PLAN A LITTLE

Your week, made simpler

Seven days of meals, notes and small discoveries. Start on any day.

Week beginning: _____

DAY	MEAL IDEAS	PREP / SHOPPING NOTES
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

Make it yours

Use the daily pages in any order. Brief notes are enough.

Leave fields blank whenever they are not useful to you.

Print just the pages you need. Keep completed pages private.

Prototype edition 01 | Free personal-use sample

NOTICE THE EVERYDAY

Day 1

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 2

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 3

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 4

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 5

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 6

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

NOTICE THE EVERYDAY

Day 7

A few words about what you ate and what made the day work.

Date: _____

TIME	FOOD & DRINK	NOTES (OPTIONAL)

What helped today?

What would make tomorrow easier?

Shopping, meal ideas or questions to bring to an appointment

KEEP WHAT WORKS

A moment to look back



Choose one useful idea to take into next week.

Meals I would make again

What made planning easier

One small thing I want to try next week

Your notes belong to you.

This is an offline printable, with no account or upload needed.

Use it for personal reflection or take it to your own care appointment.