# My Monthly Plan

Month of: _____

| Mon | Tues | Wed | Thurs |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

NOTES:

| Fri | Sat | Sun |
| --- | --- | --- |
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| | | |
| | | |

## Goals

- [ ]
- [ ]
- [ ]
- [ ]

# My Weekly Plan

Week of: _____

## M

Focus

## T

Focus

## W

Focus

## Th

Focus

## 7

Focus

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## S

Focus

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NOTES:

## Su

Focus

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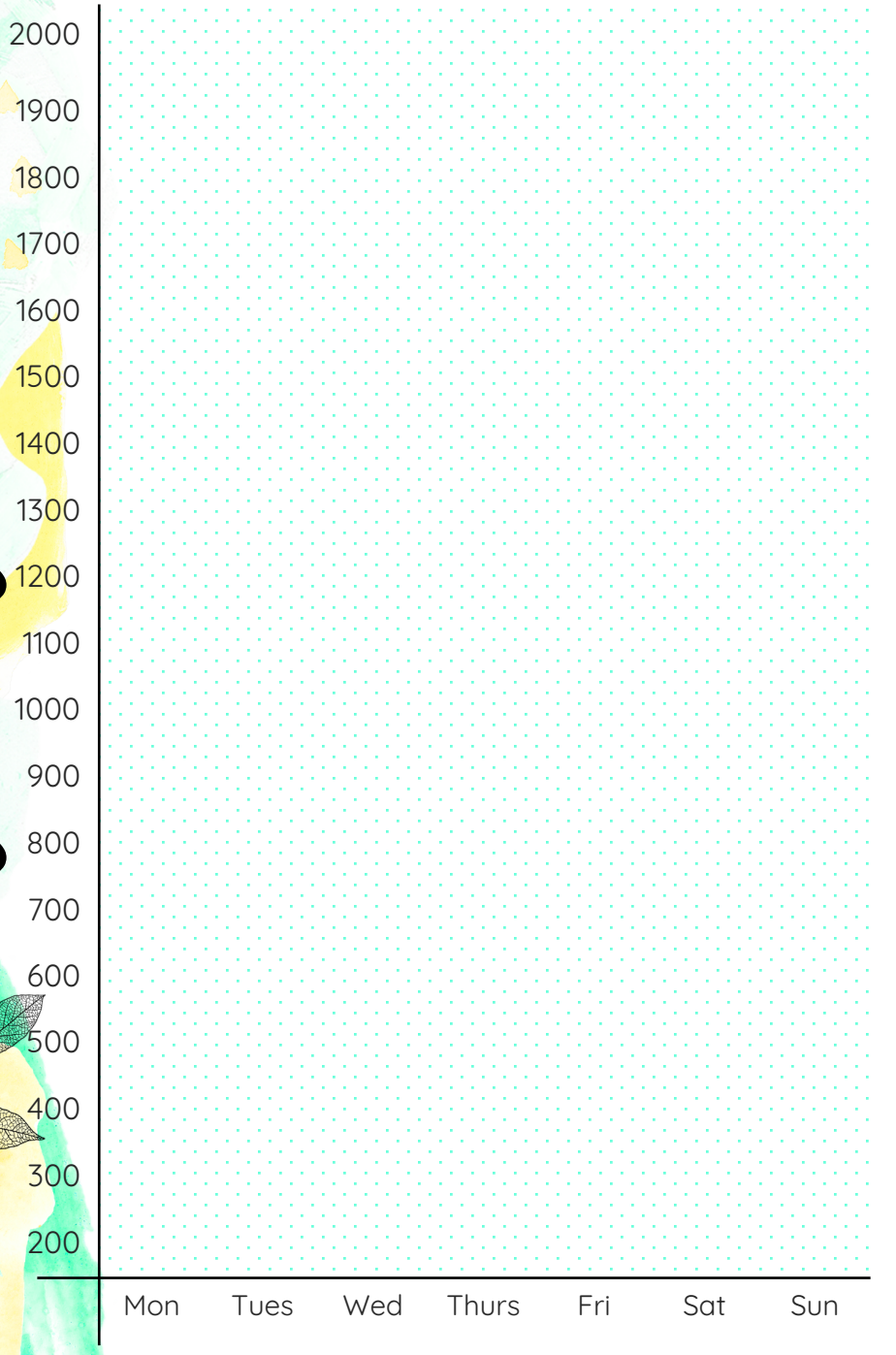
Week of: _____

Daily Goal:

# Calorie Counter



Month of: _____

# Step Tracker

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| 8 | 7 | 6 | 5 |
| 9 | 10 | 11 | 12 |
| 16 | 15 | 14 | 13 |
| 17 | 18 | 19 | 20 |
| 24 | 23 | 22 | 21 |
| 25 | 26 | 27 | 28 |
| | | 30 | 29 |

Daily Goal:

# Fitness Goals

## Why I care about my fitness:

♥ ♥ ♥ ♥ ♥ ♥

## The Goals:

1.
2.
3.

## My Rewards

★ ★ ★

Make them:

**S**pecific
**M**easurable
**A**chievable
**R**ealistic
**T**imely

# Gym Class Schedule

Give yourself options

## Mon

Am:

Pm:

Eve:

## Tues

Am:

Pm:

Eve:

## Wed

Am:

Pm:

Eve:

## Thurs

Am:

Pm:

Eve:

## Fri

Am:

Pm:

Eve:

## Sat

Am:

Pm:

Eve:

## Sun

Don't try & do it all

# Water Tracker

Month of: _____

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 31 | | | | | | | | | |
| 30 | | | | | | | | | |
| 29 | | | | | | | | | |
| 28 | | | | | | | | | |
| 27 | | | | | | | | | |
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| 7 | | | | | | | | | |
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| 5 | | | | | | | | | |
| 4 | | | | | | | | | |
| 3 | | | | | | | | | |
| 2 | | | | | | | | | |
| 1 | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

# Migraine Tracking

| Date & Time | Triggers | Symptoms | Severity | Remedy |
|---|---|---|---|---|
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# My Gym Routine

Month of: _____

## Cardio

- [ ] [ ]
- [ ] [ ]
- [ ] [ ]

## Strength

- [ ] [ ]
- [ ] [ ]
- [ ] [ ]

## Core

- [ ] [ ]
- [ ] [ ]
- [ ] [ ]

## Yoga

- [ ] [ ]
- [ ] [ ]
- [ ] [ ]

NOTES:

# Sleep Tracker

Month of: _____

| Days | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 29 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 23 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 22 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 21 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 20 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 19 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 18 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 17 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 16 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 15 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 14 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 11 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 8 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 6 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 5 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

Hours

# Symptom Tracker

Month of: _____

| Symptoms | Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 4 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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# Mental Health Triggers

Date:
Time:
Emotion #1:

Emotion #2:

What happened?:

Date:
Time:
Emotion #1:

Emotion #2:

What happened?:

Date:
Time:
Emotion #1:

Emotion #2:

What happened?:

Date:
Time:
Emotion #1:

Emotion #2:

What happened?:

NOTES:

# Healthy Recipe Ideas

## Breakfast

## Breakfast

## Breakfast

## Breakfast

NOTES:

# Running Distance Goal

# Weight Loss Tracker

Start Goal:

Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

Week 7

Week 8

Week 9

Week 10

Week 11

Week 12

Week 13

Week 14

Week 15

Week 16

Week 17

Week 18

Week 19

Week 20

Week 21

Week 22

Week 23

Week 24

Week 25

Weight Goal:

# Progress Pictures

My goal was to:_____

_____

Before

After

My goal was to:_____

_____

Before

After

NOTES:

_____

_____

_____

# Meditation Tracking

Month of: _____

My goal is to meditate_____minutes a day every _____

| M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|
| | | | | | | |
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Key

☐ ☐ ☐

☐ ☐ ☐

NOTES:

_____

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_____

# Caffeine Intake

Month of: _____

1 2 3 4

5 6 7 8

9 10 11 12

13 14 15 16

17 18 19 20

21 22 23 24

25 26 27 28

29 30

Key

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# Yoga 15-Day Challenge

Try one new yoga position every day for 28-days.
Draw your chosen position in the relevant box below

| | | |
|---|---|---|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 | 14 | 15 |

# Health YouTube Channels

## Healthy Food Channels

- 
- 
- 
- 
- 
- 

## Exercise Channels

- 
- 
- 
- 
- 
- 

## Healthy Habit Channels

- 
- 
- 
- 
- 
- 

## Yoga Channels

- 
- 
- 
- 
- 
- 

## Healthy Mindset Channels

- 
- 
- 
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- 
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# Goals For The Month

Month of: _____

## Body Goals

1

2

3

## Food Goals

1

2

3

## Mind Goals

1

2

3

Week of: _____

# Meal Plan

| | |
|---|---|
| M | B: |
| | L: |
| | D: |
| T | B: |
| | L: |
| | D: |
| W | B: |
| | L: |
| | D: |
| T | B: |
| | L: |
| | D: |
| F | B: |
| | L: |
| | D: |
| S | B: |
| | L: |
| | D: |
| S | B: |
| | L: |
| | D: |

# Energy Tracking

Month of: _____

| | |
|---|---|
| 1 | 16 |
| 2 | 17 |
| 3 | 18 |
| 4 | 19 |
| 5 | 20 |
| 6 | 21 |
| 7 | 22 |
| 8 | 23 |
| 9 | 24 |
| 10 | 25 |
| 11 | 26 |
| 12 | 27 |
| 13 | 28 |
| 14 | 29 |
| 15 | 30 |

# Pain Tracker

Week of: _____

| | Where? | Severity | Triggers |
|---|---|---|---|
| Mon | | | |
| | | | |
| | | | |
| Tues | | | |
| | | | |
| | | | |
| Wed | | | |
| | | | |
| | | | |
| Thurs | | | |
| | | | |
| | | | |
| Fri | | | |
| | | | |
| | | | |
| Sat | | | |
| | | | |
| | | | |
| Sun | | | |
| | | | |
| | | | |

# 100-Calorie Snacks

## Savory

## Sweet

# Medication Details

Med Name: _____

My Dose:

Date Started

Side Effects

- 
- 
- 
- 
- 
- 

Taking It For

- 
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I Can Feel It

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Negative Effects

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Recommended Changes

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Can Be Taken With

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- 
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Date Stopped