HEALTH PLANNER

DYK?

"It is health that is the real wealth, and not pieces of gold and silver." - Mahatma Gandhi

This Book Belongs To

_____

_____

_____

My Body Goals

MEASUREMENT	CURRENT	GOAL
WEIGHT		
BMI		
NECK		
CHEST		
ARM		
WAIST		
HIPS		
THIGHS		
CALVES		

My Health Goals

NUTRITION GOALS

WELLNESS GOALS

Healthy Resources

BOOKS
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PODCASTS
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VIDEOS
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FILM/DOCUMENTARIES
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Health Tracker

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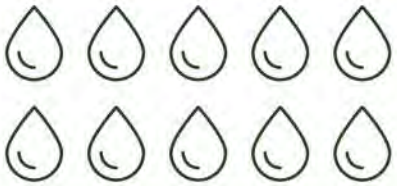
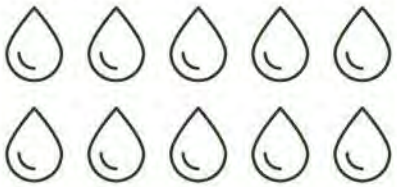
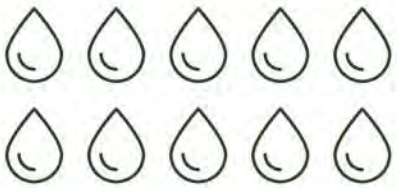
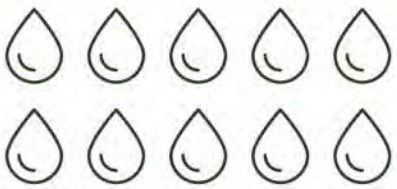
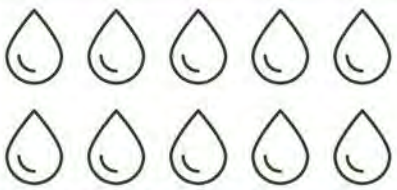
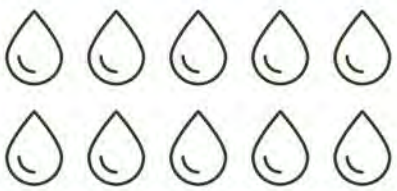
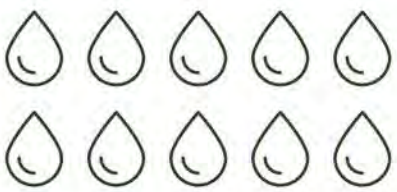
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			

Me Before

BEFORE DATE:

FRONT PHOTO

SIDE PHOTO

MEASUREMENTS BEFORE
WEIGHT:
BM:
NECK:
CHEST:
ARM:
WAIST:
HIPS:
THIGHS:
CALVES:

NOTES

Me After

AFTER DATE:

FRONT PHOTO	SIDE PHOTO

MEASUREMENTS AFTER	NOTES
WEIGHT:	
BM:	
NECK:	
CHEST:	
ARM:	
WAIST:	
HIPS:	
THIGHS:	
CALVES:	

Supplies & Equipment

ITEM DETAILS	COST

Measurements Tracker

MEASUREMENTS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
WEIGHT:					
BM:					
NECK:					
CHEST:					
ARM:					
WAIST:					
HIPS:					
THIGHS:					
CALVES:					

MEASUREMENTS	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10
WEIGHT:					
BM:					
NECK:					
CHEST:					
ARM:					
WAIST:					
HIPS:					
THIGHS:					
CALVES:					

Measurements Tracker

MEASUREMENTS	WEEK 11	WEEK 12	WEEK 13	WEEK 14	WEEK 15
WEIGHT:					
BM:					
NECK:					
CHEST:					
ARM:					
WAIST:					
HIPS:					
THIGHS:					
CALVES:					

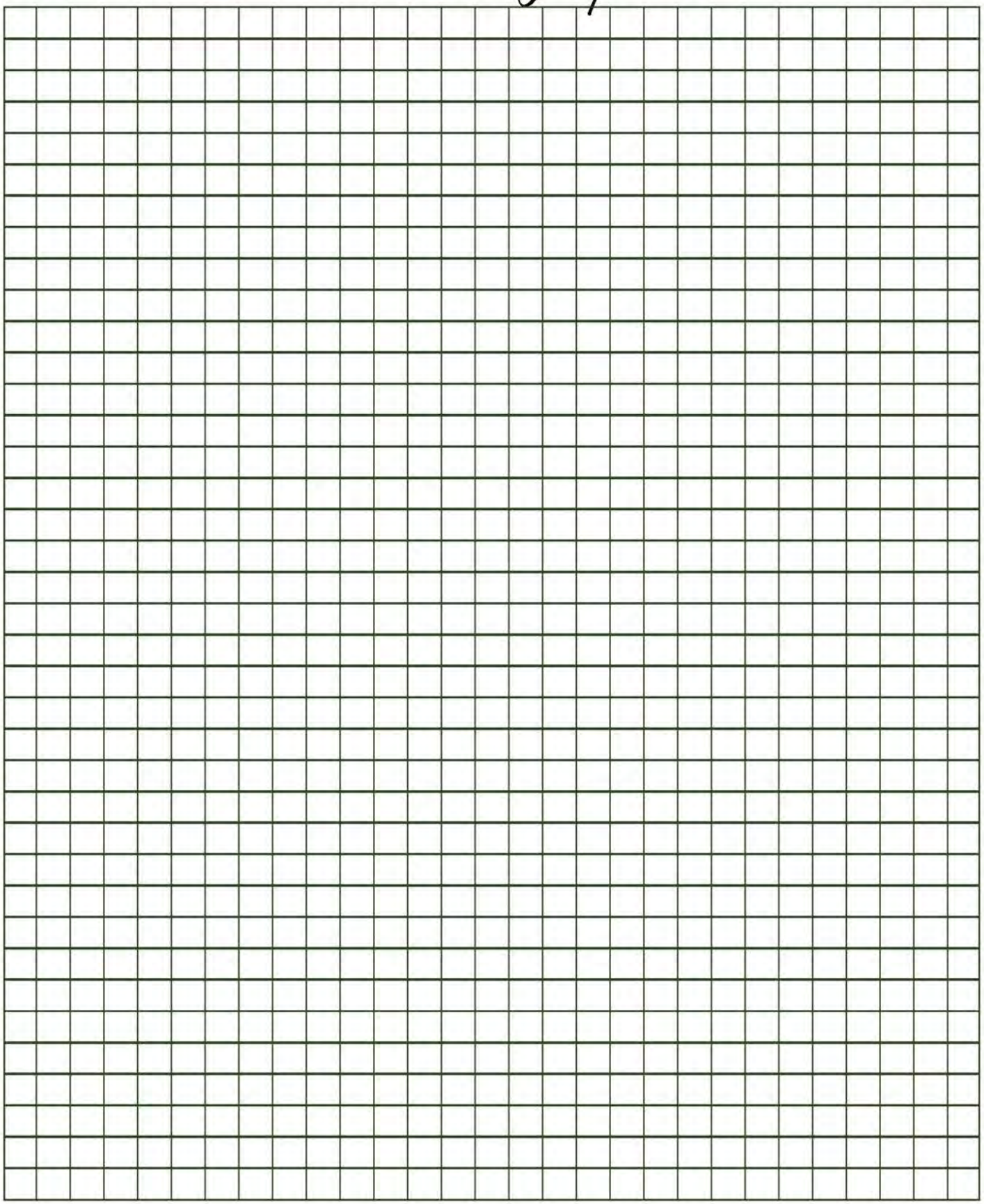
MEASUREMENTS	WEEK 16	WEEK 17	WEEK 18	WEEK 19	WEEK 20
WEIGHT:					
BM:					
NECK:					
CHEST:					
ARM:					
WAIST:					
HIPS:					
THIGHS:					
CALVES:					

Weight Tracker

GOAL WEIGHT:	TARGET DATE:

DATE	WEIGHT	DATE	WEIGHT	DATE	WEIGHT

Weight Graph



My Journey in Photos

PHOTO

PHOTO

PHOTO

PHOTO

Workout Log

DATE	EXERCISE	DURATION	SETS / DISTANCE

Workout Log

EXERCISE	SETS	REPS	WEIGHT
CARDIO:	TIME:	DISTANCE:	

EXERCISE	SETS	REPS	WEIGHT
CARDIO:	TIME:	DISTANCE:	

EXERCISE	SETS	REPS	WEIGHT
CARDIO:	TIME:	DISTANCE:	

Workout List

CORE	

BACK	

ARMS	

LEGS	

Fitness Classes

CLASS:	
LOCATION	
DATE:	TIME:
COST:	
NOTES:	

CLASS:	
LOCATION	
DATE:	TIME:
COST:	
NOTES:	

CLASS:	
LOCATION	
DATE:	TIME:
COST:	
NOTES:	

Steps Tracker

DAILY STEPS GOAL:	TOTAL STEPS:

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

Challenge Tracker

THE CHALLENGE:	WHY IT'S IMPORTANT:
ACTIONS I NEED TO TAKE:	WHAT I SHOULD AVOID DOING
WHAT WORKED:	WHAT DIDN'T WORK:
IMPROVEMENT TO MAKE:	REWARD

Healthy Habits List

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Habits Tracker

Habit	M	T	W	T	F	S	S

Habit Tracker

HABIT

WHY THIS IS IMPORTANT

MY REWARD FOR COMPLETING IT

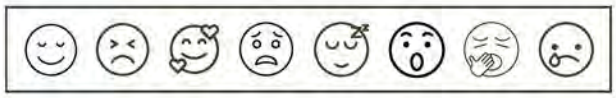
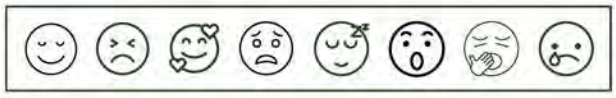
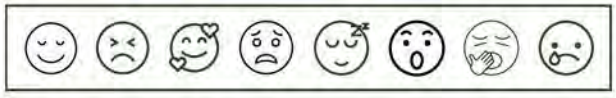
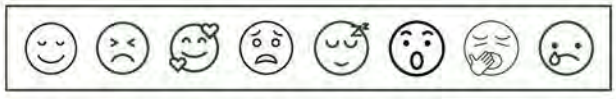
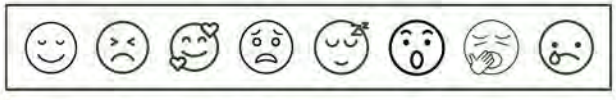
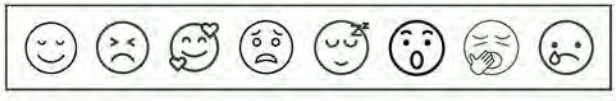
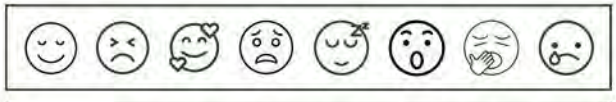
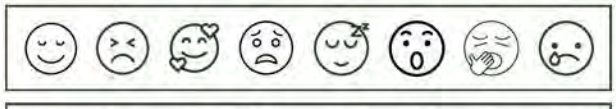
THOUGHTS AND REFLECTIONS

Routine Plan

DAY	FITNESS	NUTRITION	SELF-CARE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Mood Tracker

DATE:_____

MY ACTIVITY	MY MOOD
	
	
	
	
	
	
	
	
	
	
	
	
	
	
	

Mood Log

DATE	EVENTS THAT OCCURRED TODAY	HOW I FELT

Period Tracker

	J	F	M	A	M	J	J	A	S	O	N	D
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CYCLE LENGTHS			
JAN		JUL	
FEB		AUG	
MAR		SEP	
APR		OCT	
MAY		NOV	
JUN		DEC	

AVERAGE PERIOD LENGTH:

NOTES

Sleep Tracker

HOURS OF SLEEP

MONTH:

	1	2	3	4	5	6	7	8	9	10	11	12
1												
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HOW I FELT

Self-Care Checklist

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Meal Planner

Week Of: _____

	Breakfast	Lunch	Dinner	Snacks
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Shopping List

Fruits & Veg

Chilled & Frozen

House hold

Protein

Bakery

Cupboard

Recipe Card

RECIPE NAME:

COOKING TIME:	SERVES	DIFFICULTY:
COOKING TEMP:	PREP TIME:	RATING:

INGREDIENTS

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☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

DIRECTIONS

Smoothies

SMOOTHIE:

INGREDIENTS:

SMOOTHIE:

INGREDIENTS:

SMOOTHIE:

INGREDIENTS:

SMOOTHIE:

INGREDIENTS:

Calorie References

FOOD / MEAL	SERVING SIZE	CALORIES

Nutrition References

NUTRIENT	SOURCES

Vitamins & Supplements

VITAMIN / SUPPLEMENT	NOTES

Affirmations

AFFIRMATIONS FOR:

AFFIRMATIONS FOR:

AFFIRMATIONS FOR:

Affirmation Worksheet

CURRENT THOUGHT:
HOW OFTEN I THINK THIS:
ANXIETY LEVEL:
NEW AFFIRMATION:

CURRENT THOUGHT:
HOW OFTEN I THINK THIS:
ANXIETY LEVEL:
NEW AFFIRMATION:

CURRENT THOUGHT:
HOW OFTEN I THINK THIS:
ANXIETY LEVEL:
NEW AFFIRMATION:

Gratitude Journal

TODAY I AM THANKFUL FOR

THE BEST MOMENT OF THIS WEEK WAS

I AM PROUD OF MYSELF BECAUSE

WHAT I LOVE ABOUT MY LIFE RIGHT NOW

Meditation Log

DATE	MEDITATION	MINUTES

Meditation Tracker

DATE	TIME	MEDITATION	DOSAGE	✓

Weekly Health

GOALS:

	EXERCISE
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Habit

M	T	W	T	F	S	S

Skincare Favorites

CATEGORY:

CATEGORY:

CATEGORY:

CATEGORY:

Medical Info

NAME:
BLOOD TYPE
ALLERGIES:

HOSPITAL
HOSPITAL:
ADDRESS:
PHONE:

DOCTOR
NAME:
ADDRESS:
PHONE:

Medications Info

MEDICATION:	
PURPOSE:	
DOSAGE:	FREQUENCY:
NOTES:	

MEDICATION:	
PURPOSE:	
DOSAGE:	FREQUENCY:
NOTES:	

MEDICATION:	
PURPOSE:	
DOSAGE:	FREQUENCY:
NOTES:	

Medical Appointments

DATE	TIME	DETAILS	DOCTOR

Doctor Visits Log

DATE	REASON FOR VISIT	DOCTOR	COST

Doctor Visits Info

DATE:	TIME:
REASON FOR VISIT:	
LOCATION:	
DOCTOR:	
CONTACT:	
PRESCRIPTIONS:	
FOLLOW UP DATE:	
NOTES:	

DATE:	TIME:
REASON FOR VISIT:	
LOCATION:	
DOCTOR:	
CONTACT:	
PRESCRIPTIONS:	
FOLLOW UP DATE:	
NOTES:	

Hospital Treatments

DATE	TREATMENT / SURGERY	DOCTOR	COST

Health Checkups

DATE	HEALTH CHECK	RESULTS / FOLLOW UP

Symptoms Log

DATE	SYMPTOMS

Symptoms Tracker

Mental Symptoms	M	T	W	T	F	S	S

Dentist Visits

DATE	TREATMENT	DENTIST	COST

Opticians Visits

DATE	DESCRIPTION	OPTICIAN	COST

Vision Board

CAREER / BUSINESS	FINANCE

FAMILY/FRIENDS	LOVE

PERSONAL GROWTH	HEALTH

PODCASTS	MIND

Medical Contacts

NAME:
PHONE:
EMAIL:
ADDRESS:

NAME:
PHONE:
EMAIL:
ADDRESS:

NAME:
PHONE:
EMAIL:
ADDRESS:

NAME:
PHONE:
EMAIL:
ADDRESS:

Anxiety Log

SITUATION	MY REACTION	HOW I FELT

Anxiety Tracker

DATE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
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NOT ANXIOUS	A LITTLE ANXIOUS	SOMEWHAT ANXIOUS	PRETIY ANXIOUS	VERY ANXIOUS	EXTREMELY ANXIOUS

Worry Worksheet

MY WORRY

WHAT ACTIONS CAN I TAKE TO RESOLVE / PREVENT MY WORRY

Therapy Overview

THERAPIST:

CONTACT AND INFORMATION

TOPICS TO DISCUSS

Therapy Notes

DATE:	THERAPIST:

TOPICS DISCUSSED

SUMMARY AND THOUGHTS

To Do List

DATE:

Must Do

- [ ]
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Should Do

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Could Do

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If Have Time

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Notes