

PLANNER & JOURNAL

FITNESS

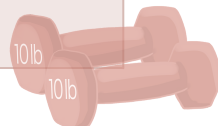
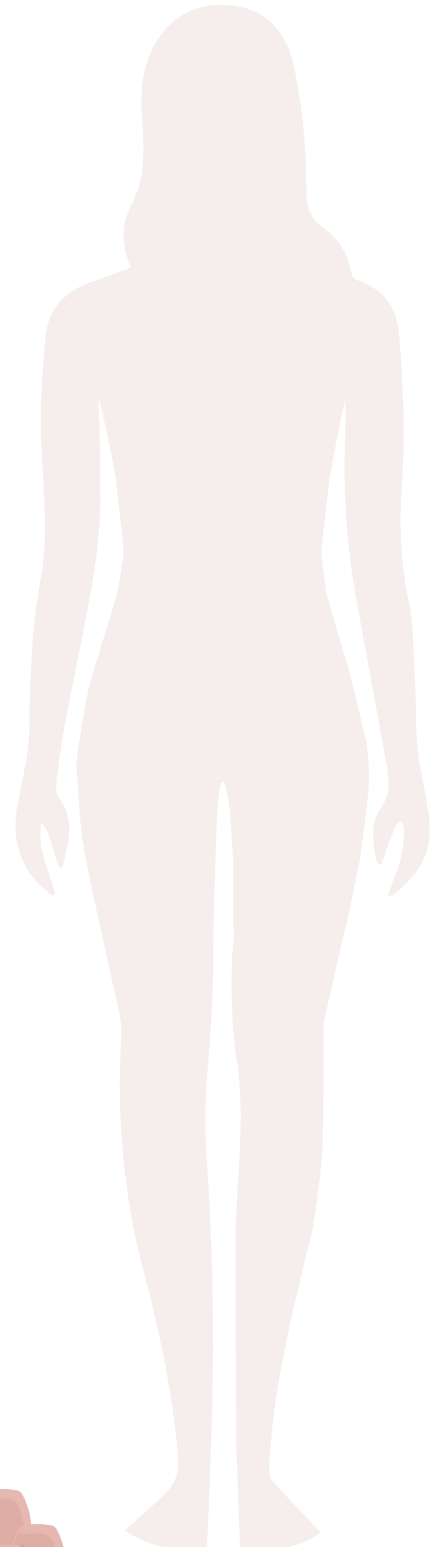


planner

PLANNER & JOURNAL

BODY MEASUREMENT TRACKER

	DAY 1	DAY 11	DAY 21
NECK			
CHEST			
LEFT ARM			
RIGHT ARM			
WAIST			
HIPS			
LEFT THIGH			
RIGHT THIGH			
LEFT CALF			
RIGHT CALF			
WEIGHT			



FITNESS GOALS

START DATE	
STARTING WEIGHT	
GOAL WEIGHT	
FINAL WEIGHT	

END DATE	
STARTING WEIGHT	
GOAL BMI	
FINAL BMI	

I WANT THIS BECAUSE

MEASUREMENTS

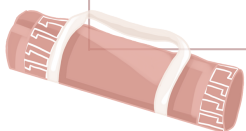
	START	END
NECK		
BUST		
HIPS		
ARM		

MOTIVATION

MILESTONES

DATE		

NOTES



WORKOUT LOG



DATE : _____

TOTAL WORKOUT TIME : _____

MUSCLE GROUP : _____

RESISTANCE TRAINING	SET : 1		SET : 2		SET : 3		SET : 4		SET : 5	
EXERCISE	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS

CARDIO :

EXERCISE	DURATION	SPEED	DISTANCE

DATE : _____

TOTAL WORKOUT TIME : _____

MUSCLE GROUP : _____

RESISTANCE TRAINING	SET : 1		SET : 2		SET : 3		SET : 4		SET : 5	
EXERCISE	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS	WEIGHT	REPS

CARDIO :

EXERCISE	DURATION	SPEED	DISTANCE

GROCERY LIST



MEAT & POULTRY	PRICE
1	
2	
3	
4	
5	

FRUIT & VEGETABLES	PRICE
1	
2	
3	
4	
5	

CANNED GOODS	PRICE
1	
2	
3	
4	
5	

FISH	PRICE
1	
2	
3	
4	
5	

SNACKS	PRICE
1	
2	
3	
4	
5	

FROZEN FOODS	PRICE
1	
2	
3	
4	
5	

DAIRY & DELI	PRICE
1	
2	
3	
4	
5	

OTHER	PRICE
1	
2	
3	
4	
5	

FITNESS PLANNER



WEEK OF :

MONDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

NOTES

TUESDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

WEDNESDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

THURSDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

FRIDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

SATURDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

SUNDAY

B _____	D _____
L _____	OTHER _____
S _____	WATER 

Notes section with 14 horizontal lines for writing.

HABIT TRACKER



MONTH OF

HABIT:

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	31		

GOAL:

DONE:

REWARD:

HABIT:

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	31		

GOAL:

DONE:

REWARD:

HABIT:

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	31		

GOAL:

DONE:

REWARD:

HABIT:

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	31		

GOAL:

DONE:

REWARD:

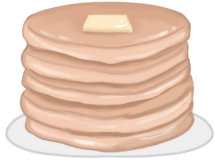
HABIT:

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	31		

GOAL:

DONE:

REWARD:



M E A L P L A N

MONDAY

BREAKFAST	LUNCH	DINNER	SNACKS

TUESDAY

BREAKFAST	LUNCH	DINNER	SNACKS

WEDNESDAY

BREAKFAST	LUNCH	DINNER	SNACKS

THURSDAY

BREAKFAST	LUNCH	DINNER	SNACKS

FRIDAY

BREAKFAST	LUNCH	DINNER	SNACKS

SATURDAY

BREAKFAST	LUNCH	DINNER	SNACKS

SUNDAY

BREAKFAST	LUNCH	DINNER	SNACKS

H A B I T T R A C K E R

WEEK OF

HABIT	MON	TUE	WED	THU	FRI	SAT	SUN

WEEK OF

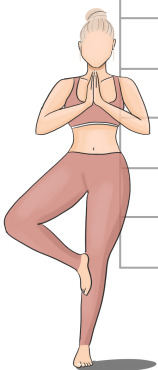
HABIT	MON	TUE	WED	THU	FRI	SAT	SUN

WEEK OF

HABIT	MON	TUE	WED	THU	FRI	SAT	SUN

WEEK OF

HABIT	MON	TUE	WED	THU	FRI	SAT	SUN



RECIPE CARD PLANNER



NAME OF RECIPE

SERVES

■ ■ ■ ■ ■ ■

NOTES

VEGETARIAN

LOW CARB

GLUTEN FREE

VEGAN

DAIRY FREE

TIME TO PREPARE

COOKING TEMP

REVIEW

☆ ☆ ☆ ☆ ☆

INGREDIENTS

DIRECTIONS

●

●

●

●

●

●

●

METHOD



GROcery LIST

PRODUCE			MEAT
DAIRY			BAKERY/BAKING
FROZEN			CANNED/DRINKS
DRY GOODS			HOUSEHOLD
MISCELLANEOUS			GRAINS/STARCHES

H A B I T T R A C K E R



MONTH OF

WEEK

HABIT

MON TUE WED THU FRI SAT SUN

GOAL :	DONE :		REWARD :				

HABIT

MON TUE WED THU FRI SAT SUN

GOAL :	DONE :		REWARD :				

HABIT

MON TUE WED THU FRI SAT SUN

GOAL :	DONE :		REWARD :				

HABIT

MON TUE WED THU FRI SAT SUN

GOAL :	DONE :		REWARD :				

MONTHLY WATER CHALLENGE



NOTES

1

A grid for day 1 containing ten water glass icons arranged in two rows of five.

2

A grid for day 2 containing ten water glass icons arranged in two rows of five.

3

A grid for day 3 containing ten water glass icons arranged in two rows of five.

4

A grid for day 4 containing ten water glass icons arranged in two rows of five.

5

A grid for day 5 containing ten water glass icons arranged in two rows of five.

6

A grid for day 6 containing ten water glass icons arranged in two rows of five.

7

A grid for day 7 containing ten water glass icons arranged in two rows of five.

8

A grid for day 8 containing ten water glass icons arranged in two rows of five.

9

A grid for day 9 containing ten water glass icons arranged in two rows of five.

10

A grid for day 10 containing ten water glass icons arranged in two rows of five.

11

A grid for day 11 containing ten water glass icons arranged in two rows of five.

12

A grid for day 12 containing ten water glass icons arranged in two rows of five.

13

A grid for day 13 containing ten water glass icons arranged in two rows of five.

14

A grid for day 14 containing ten water glass icons arranged in two rows of five.

15

A grid for day 15 containing ten water glass icons arranged in two rows of five.

16

A grid for day 16 containing ten water glass icons arranged in two rows of five.

17

A grid for day 17 containing ten water glass icons arranged in two rows of five.

18

A grid for day 18 containing ten water glass icons arranged in two rows of five.

19

A grid for day 19 containing ten water glass icons arranged in two rows of five.

20

A grid for day 20 containing ten water glass icons arranged in two rows of five.

21

A grid for day 21 containing ten water glass icons arranged in two rows of five.

22

A grid for day 22 containing ten water glass icons arranged in two rows of five.

23

A grid for day 23 containing ten water glass icons arranged in two rows of five.

24

A grid for day 24 containing ten water glass icons arranged in two rows of five.

25

A grid for day 25 containing ten water glass icons arranged in two rows of five.

26

A grid for day 26 containing ten water glass icons arranged in two rows of five.

27

A grid for day 27 containing ten water glass icons arranged in two rows of five.

28

A grid for day 28 containing ten water glass icons arranged in two rows of five.

29

A grid for day 29 containing ten water glass icons arranged in two rows of five.

30

A grid for day 30 containing ten water glass icons arranged in two rows of five.

31

A grid for day 31 containing ten water glass icons arranged in two rows of five.

MY DIET JOURNEY

STARTING DATE:

ENDING DATE:

LIST OF MOTIVATIONS:

Three horizontal lines for writing motivations.

BREAKFAST	LUNCH	DINNER
SNACK	SUPPLEMENTS	WATER INTAKE



DIET PROGRESS

A horizontal line for writing diet progress.

FITNESS CHALLENGE



MONTH:

WEEK OF:

	EXERCISE/WORKOUT	SETS & REPS
M		
T		
W		
T		
F		
S		
S		

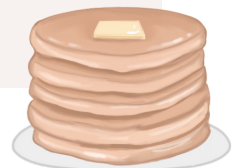
NOTES:

CALORIES TRACKER

MONTH:

WEEK OF:

	BREAKFAST	LUNCH	DINNER	SNACK
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



FITNESS RESULT

STARTING DATE:

ENDING DATE:

REMINDERS



BEFORE

AFTER

CHEST

CHEST

WAIST

WAIST

HIPS

HIPS

ARM

ARM

THIGHS

THIGHS

WEIGHT

WEIGHT

BMI

BMI

BODY FAT

BODY FAT

MUSCLE

MUSCLE

NOTES



W O R K O U T P L A N N E R

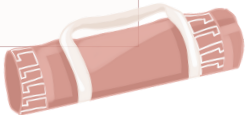
NAME:

DATE:

M	T	W	T	F	S	S	NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME: CALORIES BURNED:

BEFORE	
WEIGHT:	BMI:
BODY FAT:	MUSCLE:
ARM:	CHEST:
WAIST:	HIPS:

AFTER	
WEIGHT:	BMI:
BODY FAT:	MUSCLE:
ARM:	CHEST:
WAIST:	HIPS:



MONTHLY FITNESS

MONTH OF :

MON	TUE	WED	THU	FRI	SAT	SUN	
							WEIGHT GOAL CEMENT WEIGHT POUNDS LOST
							WEIGHT GOAL CEMENT WEIGHT POUNDS LOST
							WEIGHT GOAL CEMENT WEIGHT POUNDS LOST
							WEIGHT GOAL CEMENT WEIGHT POUNDS LOST
							WEIGHT GOAL CEMENT WEIGHT POUNDS LOST

NOTES



RUNNING LOG



DAY	DISTANCE	TIME	PACE
M			
T			
W			
T			
F			
S			
S			

DISTANCE GOALS

WEIGHT LOST TARGET

NOTES

MY JOURNAL

DATE: _____

WEEKLY REVIEW

WEEK: 1 2 3 4

HOW WAS THE WEEK?

FELT GRATEFUL THIS WEEK FOR:

THIS WEEK'S SMALL WINS

THINGS I HAVE IMPROVED ON:

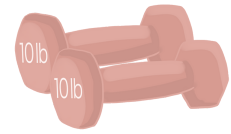
TASK IN PROGRESS

THIS WEEK'S BAD EXPERIENCE:

WHAT TO NOTE THIS WEEK:



30 DAY CHALLENGE



DATE:

YEAR:

MONTH:

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

DAY 8

DAY 9

DAY 10

DAY 11

DAY 12

DAY 13

DAY 14

DAY 15

DAY 16

DAY 17

DAY 18

DAY 19

DAY 20

DAY 21

DAY 22

DAY 23

DAY 24

DAY 25

DAY 26

DAY 27

DAY 28

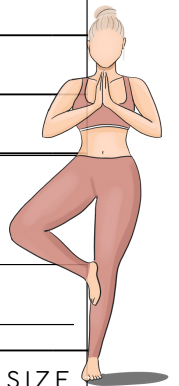
DAY 29

DAY 30

MEASUREMENTS

MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:

MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:



MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:

MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:

MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:

MEASUREMENTS DATE: _____		
BODY PART	SIZE	DREAM SIZE
BUST		
WAIST		
HIPS		
THIGHS		
ARMS		
HEIGHT:		WEIGHT:

MONTHLY WORKOUT CHALLENGE

MONTH :

M

T

W

T

F

S

S

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					

START:

END:

NOTES:

THINGS NEEDED:

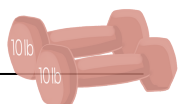
WHAT MOTIVATES ME:

REWARD:






WEEKLY WORKOUT PLAN

	FOCUS <input type="radio"/>	FULL BODY <input type="radio"/>	UPPER BODY <input type="radio"/>	CORE <input type="radio"/>	LOWER BODY <input type="radio"/>	ACTIVE REST <input type="radio"/>
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						



HEALTH HABIT



MENU PLANNER	WORKOUT	WATER INTAKE
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	
BREAKFAST LUNCH DINNER SNACKS	EXERCISE CALORIES BURNED	

DAILY FOOD TRACKER

DATE:



BREAKFAST	SNACKS	LUNCH	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

WEIGHT TRACKER

DATE: _____

WEEK: 1 2 3 4

30-DAY WEIGHT TRACKER

000kg	000kg	000kg	000kg	000kg	000kg
000kg	000kg	000kg	000kg	000kg	000kg
000kg	000kg	000kg	000kg	000kg	000kg
000kg	000kg	000kg	000kg	000kg	000kg
000kg	000kg	000kg	000kg	000kg	000kg

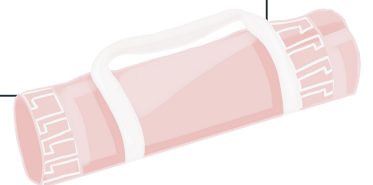
START DATE:

OVERALL NOTES:

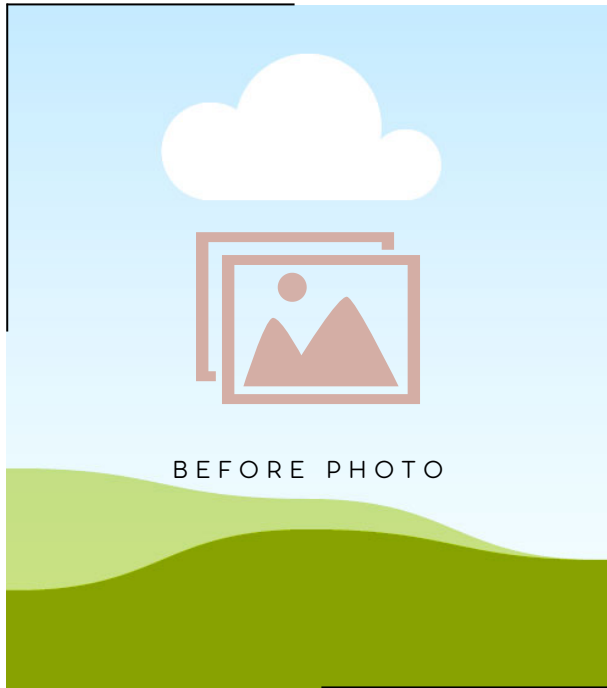
END DATE:

TOTAL GAIN:

TOTAL LOST:

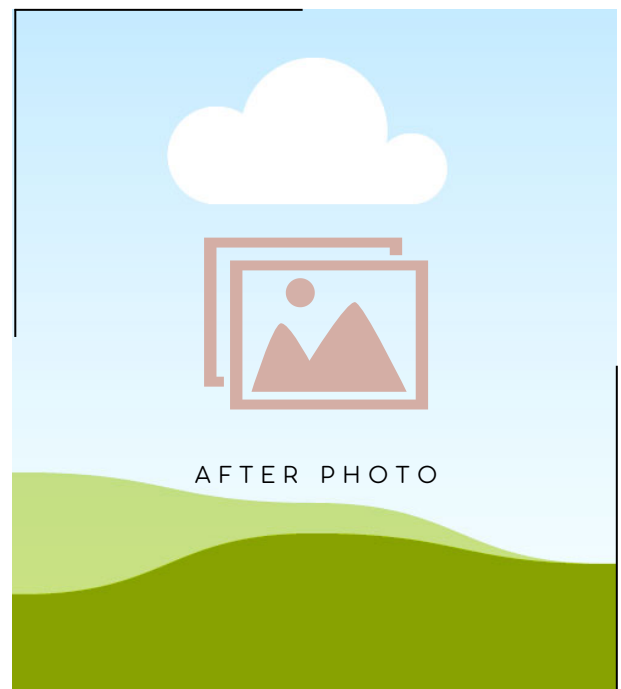


BEFORE & AFTER



STARTS		
	WEIGHT	
	MUSCLE	
	BODY FAT	
	BMI	

MEASUREMENTS		
	CHEST	
	BICEPS	
	HIPS	
	CALVES	
	WAIST	
	THIGHS	



MY FITNESS GOALS

DATE :

MY OVERALL GOAL IS

THE ESTIMATED TIME IT'S GOING TO TAKE

MY SMALLER GOALS TO REACH MY OVERALL GOAL

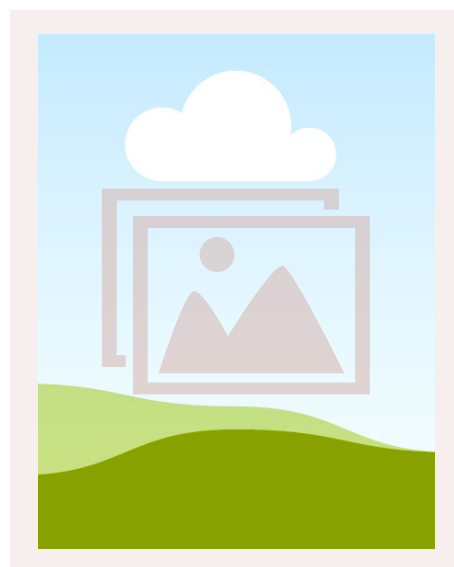
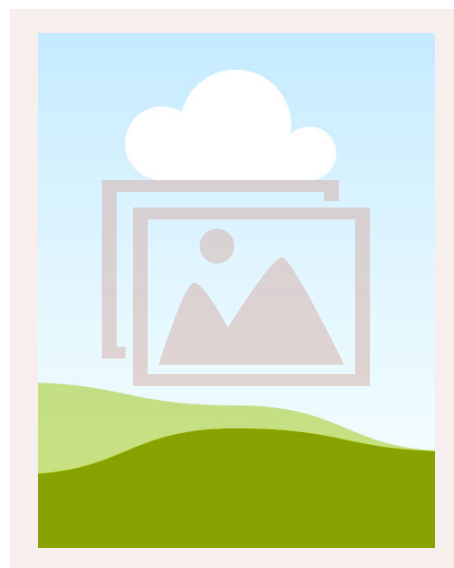
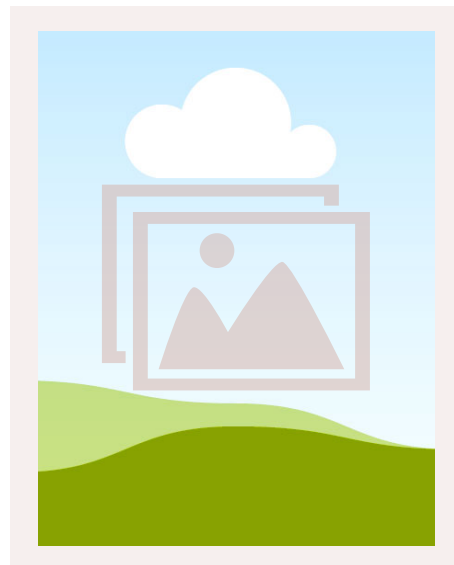
I AM DOING THIS BECAUSE

PEOPLE WHO ARE GOING TO HOLD ME ACCOUNTABLE

THE MOST CHALLENGING PART ABOUT THIS JOURNEY WILL BE

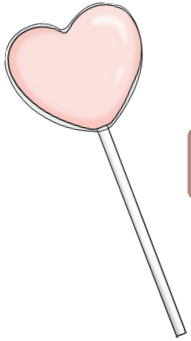
HOW I PLAN TO OVERCOME THESE CHALLENGES

A LETTER TO MY SELF WHEN I FEEL WEAK



PHYSICAL NEED

SLEEP



1 2 3 4 5 6 7 8 HOURS

HEALTH CARE

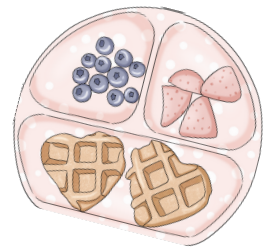
ANNUAL CHECK-UP FOR A MONTH

1 2 3 4

HEALTH ISSUE

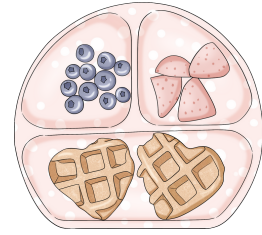
DOCTOR'S NOTES

NUTRITION



BREAKFAST	LUNCH	DINNER

VITAMIN / SUPPLEMENT



DATE: 01.01.2022	STEP - 1	STEP - 2	STEP - 3	STEP - 4	STEP - 5
------------------	----------	----------	----------	----------	----------

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

VITAMINS	ITEM	DOSAGE	TIME										

SUPPLEMENT	ITEM	DOSAGE	TIME										

OTHERS	ITEM	DOSAGE	TIME										

NOTES												
•												
•												



WEEKLY SELF REVIEW



DATE:

YEAR:

MONTH:

HOW WAS THE WEEK?

Empty space for writing the answer to 'HOW WAS THE WEEK?'

FELT GRATEFUL THIS
WEEK FOR:

Empty space for writing the answer to 'FELT GRATEFUL THIS WEEK FOR:'

THIS WEEK'S SMALL
WINS

Empty space for writing the answer to 'THIS WEEK'S SMALL WINS'

THINGS I HAVE
IMPROVED ON:

Empty space for writing the answer to 'THINGS I HAVE IMPROVED ON:'

TASK IN PROGRESS

Empty space for writing the answer to 'TASK IN PROGRESS'

THINGS NOT WORKING WELL
THIS WEEK:

Empty space for writing the answer to 'THINGS NOT WORKING WELL THIS WEEK:'

WHAT TO NOTE THIS WEEK:

Empty space for writing the answer to 'WHAT TO NOTE THIS WEEK:'



SLEEP TRACKER

	MON	TUE	WED	THU	FRI	SAT	SUN
SLEEP							
HOURS							
WAKE UP							
MOOD	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊	<input type="checkbox"/> 😊
	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄	<input type="checkbox"/> 😄
	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐	<input type="checkbox"/> 😐
	<input type="checkbox"/> ☹️	<input type="checkbox"/> ☹️	<input type="checkbox"/> ☹️	<input type="checkbox"/> ☹️	<input type="checkbox"/> ☹️	<input type="checkbox"/> ☹️	<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



DAILY FITNESS ROUTINE

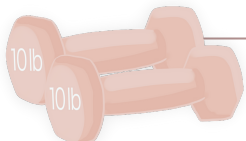


MORNING TASKS

	M	T	W	T	F	S	S
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NIGHT TASKS

	M	T	W	T	F	S	S
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



You deserve to get self reward

MY NOTES

DATE:



Empty rectangular box for notes.

Empty rectangular box for notes.

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Empty rectangular box for notes.



"ANYTHING WORTH HAVING TAKES TIME."

