

# HEALTHY LIVING *Journal*





# Bucket List

[illegible][illegible][illegible]



# HEALTHY LIVING

## Health Journal

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ID/SOCIAL SEC. #: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_ DONOR? ☐ YES ☐ NO

ALLERGIES	ALLERGY MEDICATION

MEDICAL CONDITIONS	CHRONIC MEDICATION

SURGERIES	ADDITIONAL NOTES

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
NAME: _____	NAME: _____
PHONE #: _____	PHONE #: _____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	ADDRESS: _____
ADDRESS: _____	ADDRESS: _____
EMAIL: _____	EMAIL: _____



# HEALTHY LIVING

## Daily Meal Ideas

DATE: \_\_\_\_\_

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



# HEALTHY LIVING

## Weekly Meal Ideas

Date:

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	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



# HEALTHY LIVING

## Healthy Recipe

Name:

Category:

Prep Time:

Ingredients:

Notes:

Notes



# HEALTHY LIVING

## Intermittent Fasting

WEEK:

MONDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

TUESDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

WEDNESDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

THURSDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

FRIDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

SATURDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11

SUNDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11



# HEALTHY LIVING

## Healthy Herbs List

### HERBS FOR TEA:

AILMENT	HERBS USED

### HERBS FOR COOKING:

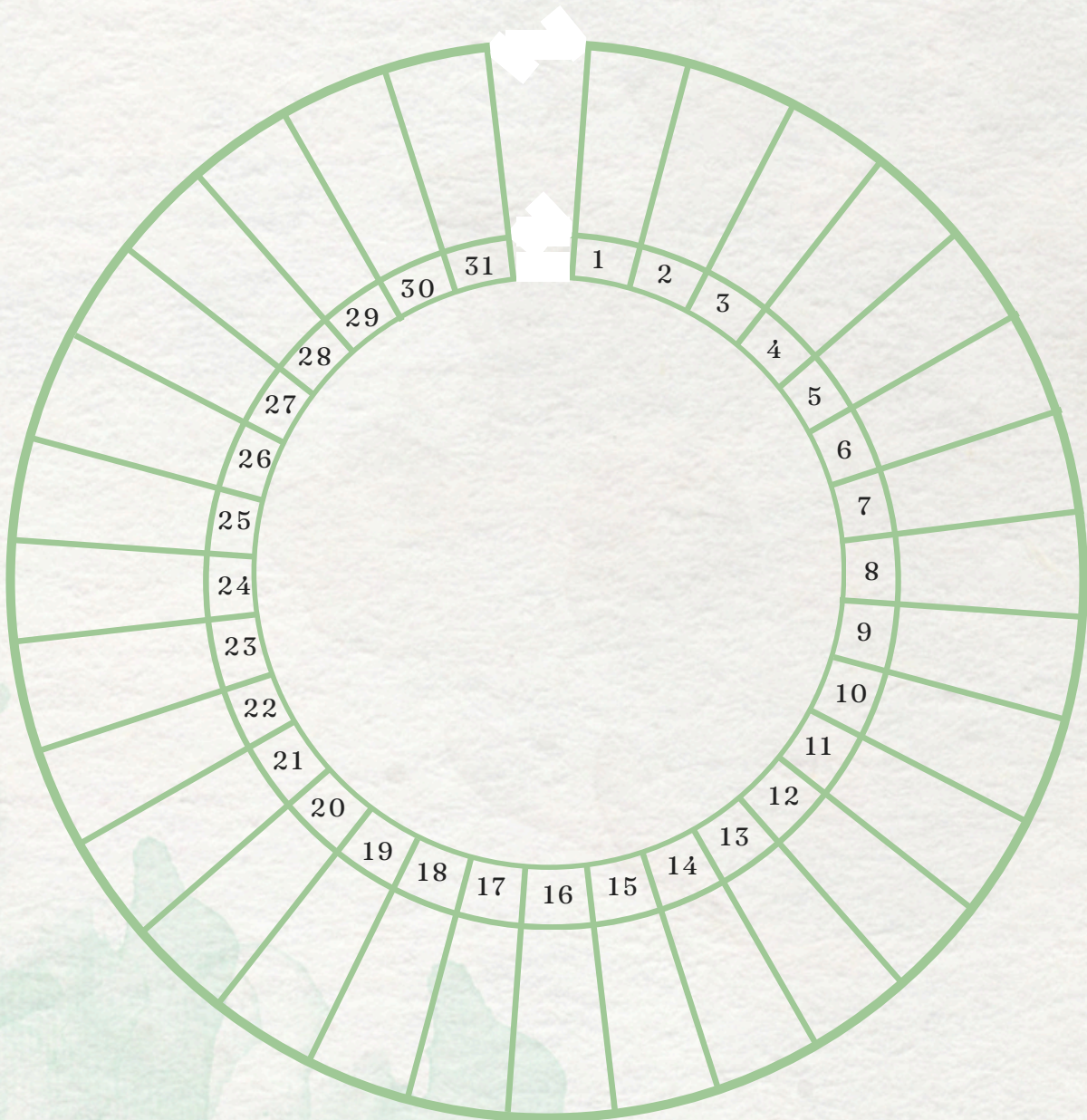
HERB	HEALTH BENEFITS	FOODS USED INTO



# HEALTHY LIVING

## Mood Tracker

MONTH \_\_\_\_\_



NEUTRAL

GRUMPY

RELAXED

TIRED

SICK

HAPPY

STRESSED

SAD

ANGRY



# HEALTHY LIVING

## Relaxation Tracker

Techniques to relax my mind	Techniques to relax my body
Techniques to relax my breathing	Techniques to relax my nerves



# Habit Tracker

WEEK OF \_\_\_\_\_

[illegible]



# Sleep Log

[illegible]



# HEALTHY LIVING

## Water Log

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



# HEALTHY LIVING

## Selfcare Planner

WRITE DOWN YOUR SELF-CARE ACTIONS

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



# HEALTHY LIVING

## Self love list

### FAVORITE AFFIRMATIONS

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### COMPLIMENTS TO MYSELF

### I'M PROUD OF



# Daily Routine

DATE \_\_\_\_\_

MORNING

FROM \_\_\_\_\_

TO \_\_\_\_\_

AFTER  
NOON

FROM \_\_\_\_\_

TO \_\_\_\_\_

EVENING

FROM \_\_\_\_\_

TO \_\_\_\_\_

[illegible]



# HEALTHY LIVING

## Workout Tracker

WEEK \_\_\_\_\_

MONDAY	
Planned Workout	Actual Workout

TUESDAY	
Planned Workout	Actual Workout

WEDNESDAY	
Planned Workout	Actual Workout

THURSDAY	
Planned Workout	Actual Workout

FRIDAY	
Planned Workout	Actual Workout

SATURDAY	
Planned Workout	Actual Workout

SUNDAY	
Planned Workout	Actual Workout



# HEALTHY LIVING

## Weight Loss Tracker

MONTH \_\_\_\_\_



GOALS	#1	REWARDS	
	#2		
	#3		
	#4		
	MAIN:		



# HEALTHY LIVING

## Running Log

START HERE

DATE:  
DISTANCE:

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DISTANCE:



# HEALTHY LIVING

## Walking Log

MONTH:

TOTAL STEPS \_\_\_\_\_

WEEK 1

TOTAL STEPS:

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 2

TOTAL STEPS:

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 3

TOTAL STEPS:

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 4

TOTAL STEPS:

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 5

TOTAL STEPS:

MON	TUE	WED	THU	FRI	SAT	SUN

NOTES:



# HEALTHY LIVING

## Daily Meditation

Set a timer for 10 minutes.

Sit comfortably.

Close your eyes.

Bring your awareness to your breath.

Slowly inhale through your nose. Focus your mind on the sound of your breath. Exhale through your nose.

Every time your mind wanders, bring your concentration back to your breath.

When the timer rings, open your eyes slowly.

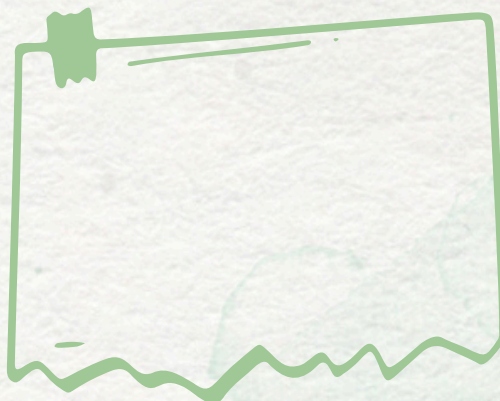
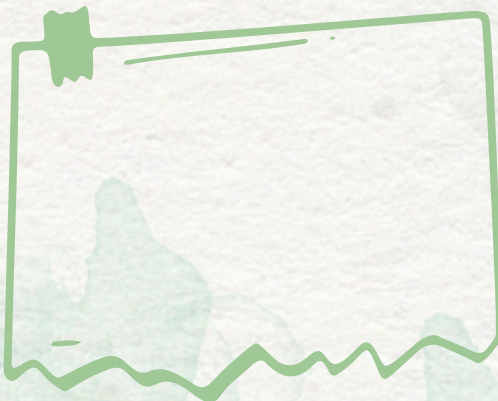
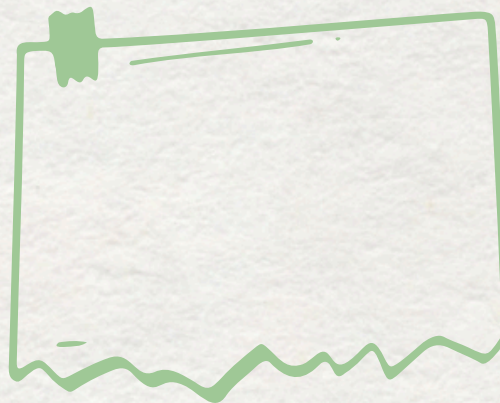
*Note. It is a good idea to keep a daily journal and write down how meditation makes you feel.*





# HEALTHY LIVING

## Positive Affirmations





# HEALTHY LIVING

## Daily Yoga

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		<input type="radio"/>
		<input type="radio"/>
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		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>

GOAL/S FOR TODAY'S YOGA SESSION







# HEALTHY LIVING

## Kindness Tracker



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# Thoughts Tracker

NEW THOUGHT

[illegible]



# Goals Planner

YEAR: \_\_\_\_\_

QUARTER:

MONTH:

## MOTIVATIONAL QUOTE

## GOAL

DUE DATE

[illegible]



# HEALTHY LIVING

## Daily Planner

**Date:**

**Today's Video:**

**Things To Do:**

**1.**

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**2.**

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**3.**

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**4.**

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**5.**

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**6.**

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**7.**

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**8.**

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**9.**

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**10.**

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**Next Steps:**




# HEALTHY LIVING

## Weekly Planner

**WEEK**

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**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**SATURDAY**

**SUNDAY**

**NOTES**



# HEALTHY LIVING

## Monthly Planner

MONTH :

YEAR :

MON	TUE	WED	THU	FRI	SAT	SUN

TO DO LIST

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NOTES

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# HEALTHY LIVING

## Yearly Planner

Year: \_\_\_\_\_

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

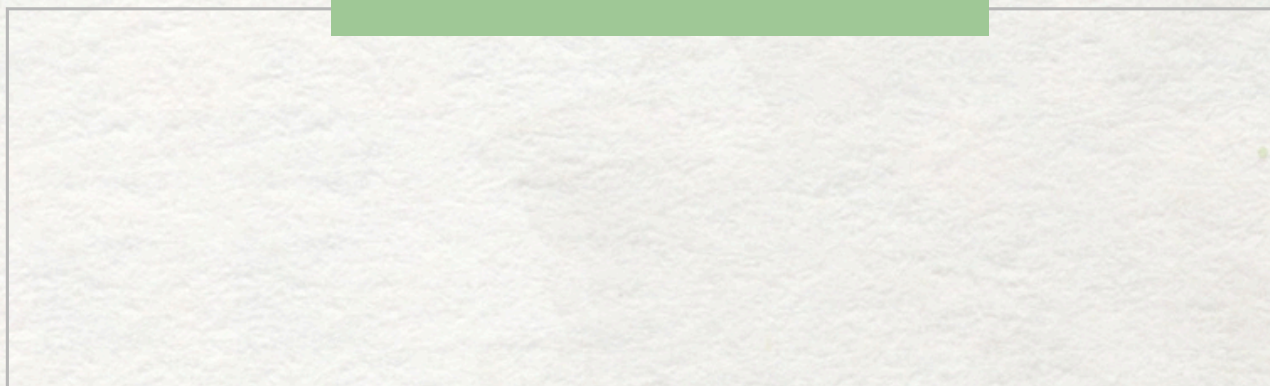
DECEMBER



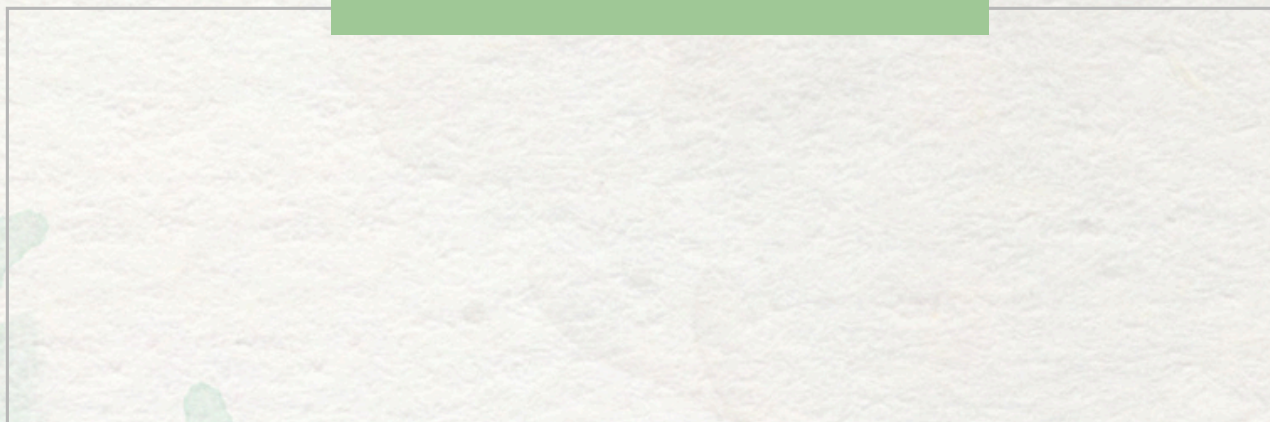
# HEALTHY LIVING

## Long Term Goals

WHERE I SEE MY HEALTH IN A YEAR



WHERE I SEE MY HEALTH IN 5 YEARS



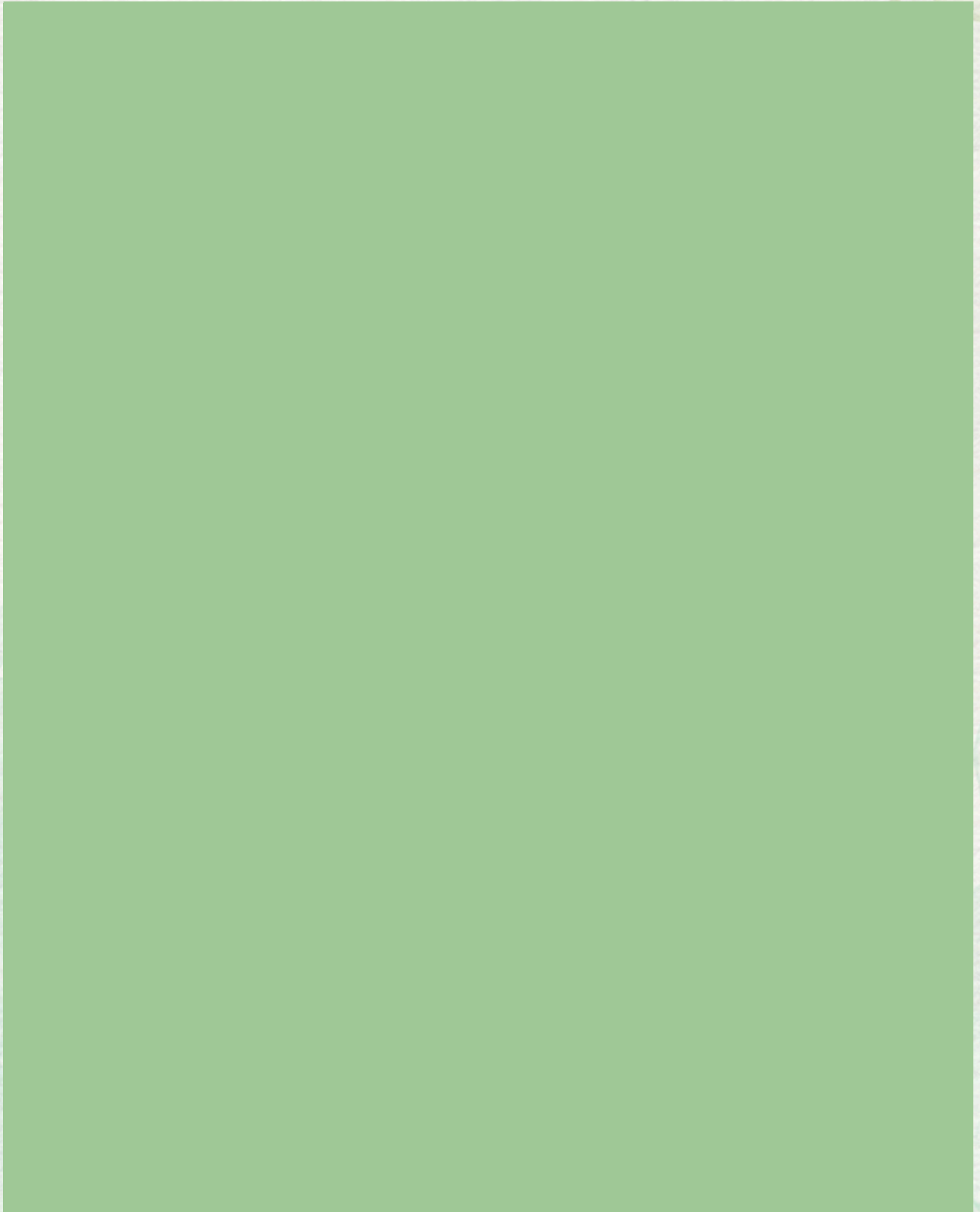
WHERE I SEE MY HEALTH IN 10 YEARS





HEALTHY LIVING

# Doodle Page





## Notes

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