

# FITNESS *Planner*

# FITNESS FUN

My Goal: Complete each exercise every day.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
15 Jumping Jacks	_____	_____	_____	_____	_____	_____	_____
15 Sit Ups	_____	_____	_____	_____	_____	_____	_____
15 Squats	_____	_____	_____	_____	_____	_____	_____
15 Lunges	_____	_____	_____	_____	_____	_____	_____
15 Push Ups	_____	_____	_____	_____	_____	_____	_____
15 Toe Touches	_____	_____	_____	_____	_____	_____	_____
15 Leg Raises	_____	_____	_____	_____	_____	_____	_____
15 Arm Circles	_____	_____	_____	_____	_____	_____	_____
15 Knee Raises	_____	_____	_____	_____	_____	_____	_____
Play Outside 30 Mins	_____	_____	_____	_____	_____	_____	_____



# FITNESS GOALS

START DATE:

END DATE:

---

## GOALS

--

## MOTIVATION

--

## MY PLAN

--

BEFORE

AFTER

BEFORE	AFTER

# MY BIG GOAL

<b>DEADLINE:</b>	<b>ACHIEVED:</b> <input type="checkbox"/>

**BREAK DOWN YOUR BIG GOAL INTO 3 MINI GOALS**

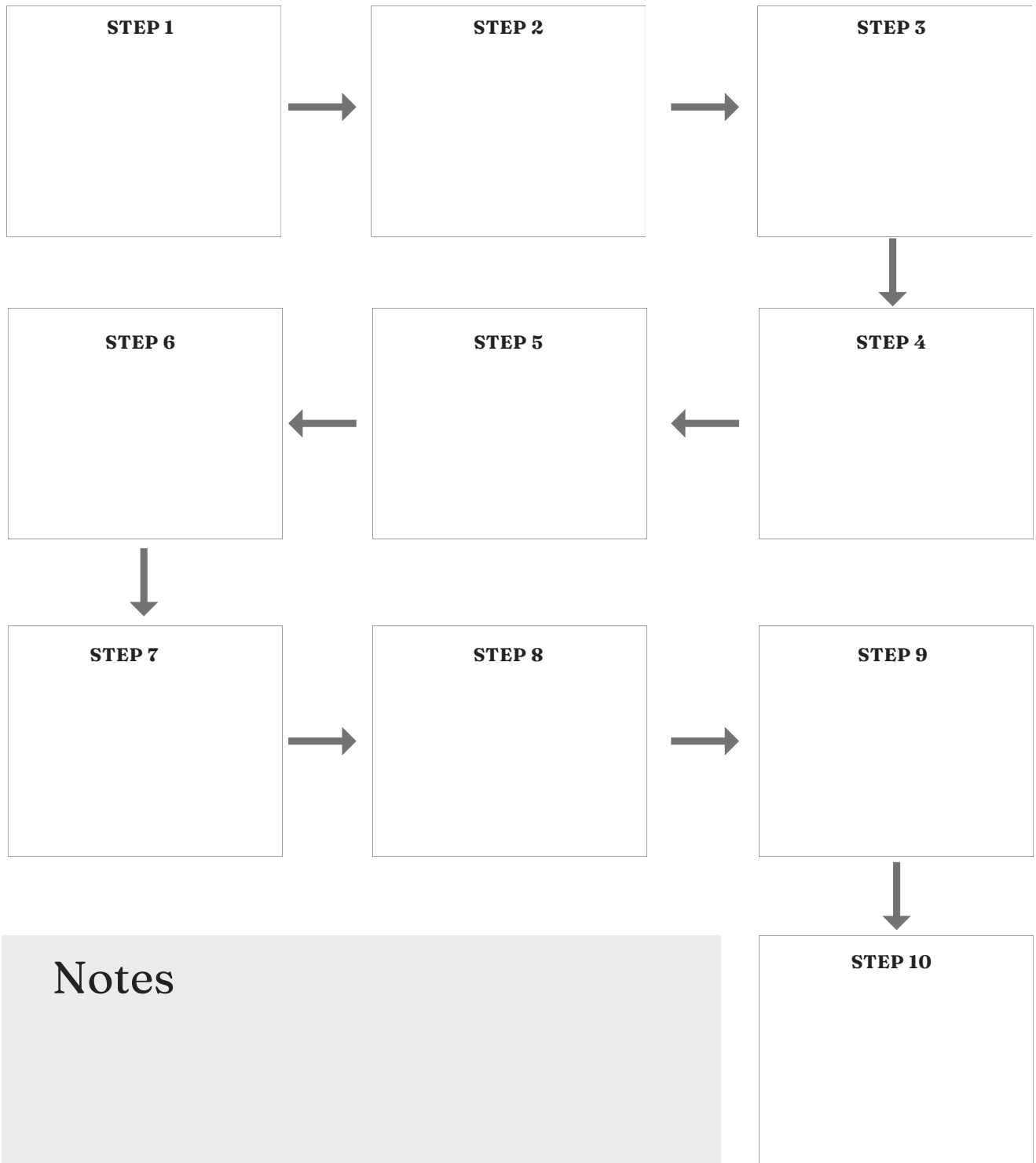
<b>MINI GOAL 1:</b>	<b>MINI GOAL 1:</b>	<b>MINI GOAL 1:</b>

<b>ACTION STEPS:</b>	<b>ACTION STEPS:</b>	<b>ACTION STEPS:</b>
<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"/> _____

# GOAL BREAKDOWN

Goal

Deadline



Notes

# MEASUREMENT TRACKER

	Weight	Neck	Chest	Waist	Hips	Thighs	Bust	Biceps
January	_____	_____	_____	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____	_____	_____	_____
March	_____	_____	_____	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____	_____	_____	_____
June	_____	_____	_____	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____	_____	_____	_____
September	_____	_____	_____	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____	_____	_____	_____
December	_____	_____	_____	_____	_____	_____	_____	_____

Notes

# MEASUREMENT TRACKER

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

GOAL

## PROGRESS

	Week 01	Week 02	Week 03	Week 04	Week 05	Week 06	Week 07	Week 08
WEIGHT								
NECK								
CHEST								
ARMS								
WAIST								
HIPS								
THIGHS								
CALF								

NOTES



# DAILY FITNESS

**Date:** \_\_\_\_\_

**Water:** 

Breakfast

Lunch

Dinner

Snacks

Exercise

Notes

# WEEKLY FITNESS

DATE:

---

MONDAY

Activity

Food

TUESDAY

Activity

Food

WEDNESDAY

Activity

Food

THURSDAY

Activity

Food

FRIDAY

Activity

Food

SATURDAY

Activity

Food

SUNDAY

Activity











































Food

OTHER NOTES

# MONTHLY FITNESS

MONTH: \_\_\_\_\_

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

SUN	MON	TUE	WED	THUR	FRI	SAT
						
						
						
						
						
						

## IMPORTANT NOTES:

---

---

---

---

# WORKOUT PLANNER

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

# RUNNING PROGRESS

START HERE

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

DATE:  
DISTANCE:

# STEPS TRACKER

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:















# WORKOUT LOG

	Activity	Time	Distance	Sets	Reps	Weight
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



# YOGA LOG

TODAY'S DATE
--------------

MUSIC
-------

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

GOAL/S FOR TODAY'S YOGA SESSION

# MEAL PLANNER

WEEK: \_\_\_\_\_

**MON**

AM

NN

PM

**TUES**

AM

NN

PM

**WED**

AM

NN

PM

**THU**

AM

NN

PM

**FRI**

AM

NN

PM

**SAT**

AM

NN

PM

**SUN**

AM

NN

PM

**Things to Buy**







# GROCERIES LIST

MONTH:

WEEK:

FROZEN
<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"/>

MEATS / FISH
<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"/>

PASTA
<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"/>

FRUITS
<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"/>

VEGETABLES
<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"/>

DAIRY
<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"/>



# MEAL IDEAS

01.

02.

03.

04.

05.

06.

07.

08.

09.

10.

11.

12.

13.

14.

15.

Other:

# SNACK IDEAS

01.

02.

03.

04.

05.

06.

07.

08.

09.

10.

11.

12.

13.


14.

15.

Other:

# 30 DAYS CHALLENGE

Month: \_\_\_\_\_

01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	 Reward: _____ _____ _____ _____			

Notes:

---

---

---

---

---

---

---

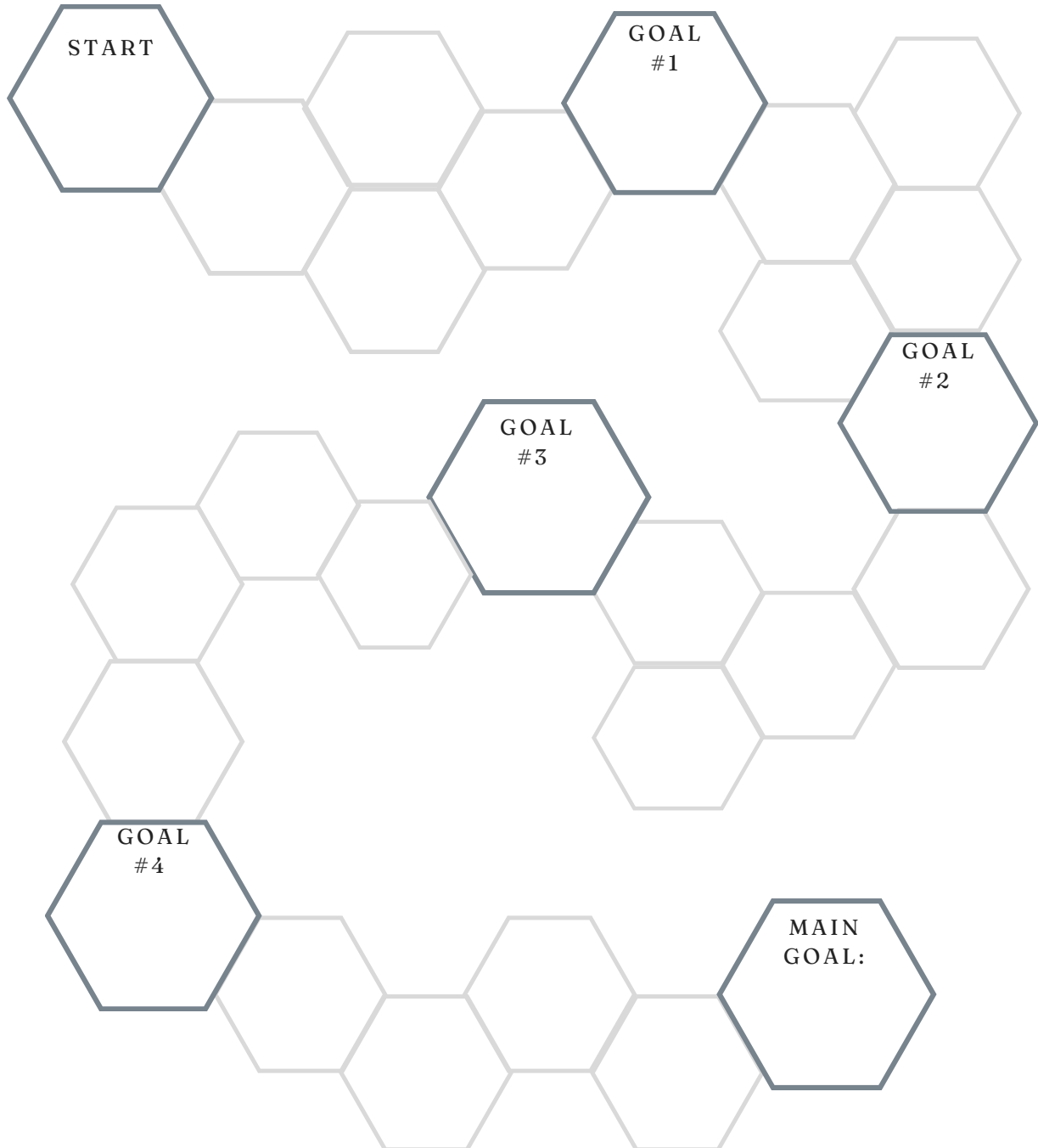
---

---

---

# WEIGHT LOSS TRACKER

MONTH \_\_\_\_\_



<b>GOALS</b>	#1	<b>REWARDS</b>	
	#2		
	#3		
	#4		
	MAIN:		



# WEIGHT LOSS TRACKER

**Before**

**After**

Date	
Chest	
Arms	
Waist	
Hips	
Thighs	
Calf	
Weight	

Date	
Chest	
Arms	
Waist	
Hips	
Thighs	
Calf	
Weight	

**Total Lost Weight:**



# WEIGHT LOSS TRACKER

TOP  
GOAL \_\_\_\_\_

BEFORE  
DATE \_\_\_\_\_

AFTER  
DATE \_\_\_\_\_

## MEASUREMENTS

CHEST	<input type="text"/>
WAIST	<input type="text"/>
HIP	<input type="text"/>
ARMS	<input type="text"/>
THIGHS	<input type="text"/>

CHEST	<input type="text"/>
WAIST	<input type="text"/>
HIP	<input type="text"/>
ARMS	<input type="text"/>
THIGHS	<input type="text"/>

## NUMBERS

WEIGHT
BMI
BODY FAT
MUSCLE

WEIGHT
BMI
BODY FAT
MUSCLE

MOTIVATION
------------

NEXT STEPS
------------

# HABIT TRACKER

MONTH \_\_\_\_\_

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				

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				

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				

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				

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

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

# WATER TRACKER

MONTH OF

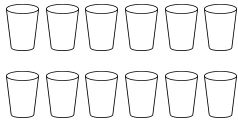
THE WEEK OF

THE WEEK OF

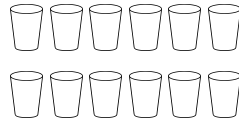
THE WEEK OF

THE WEEK OF

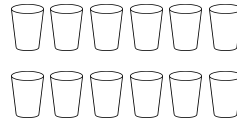
**MON**



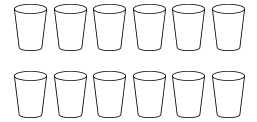
**MON**



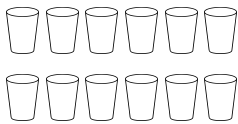
**MON**



**MON**



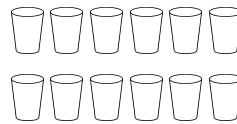
**TUE**



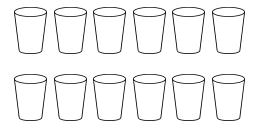
**TUE**



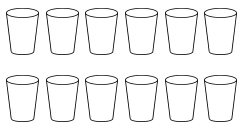
**TUE**



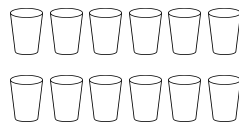
**TUE**



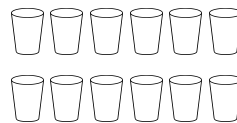
**WED**



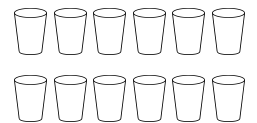
**WED**



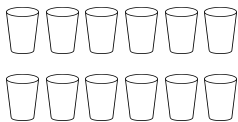
**WED**



**WED**



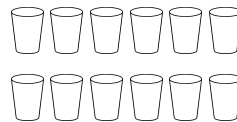
**THU**



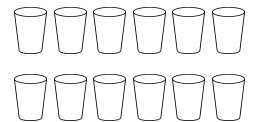
**THU**



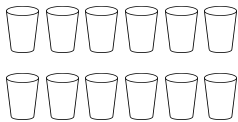
**THU**



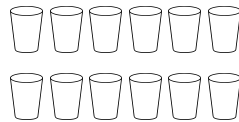
**THU**



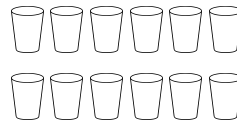
**FRI**



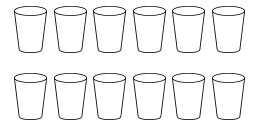
**FRI**



**FRI**



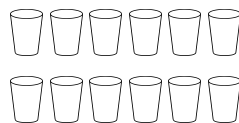
**FRI**



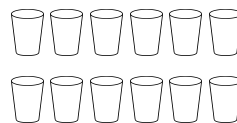
**SAT**



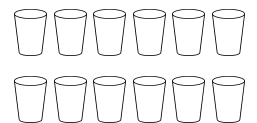
**SAT**



**SAT**



**SAT**



**SUN**



**SUN**



**SUN**



**SUN**



# SLEEP TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	8	9	10	11	12	13	14	15	16	17	18		
2	8	9	10	11	12	13	14	15	16	17	18		
3	8	9	10	11	12	13	14	15	16	17	18		
4	8	9	10	11	12	13	14	15	16	17	18		
5	8	9	10	11	12	13	14	15	16	17	18		
6	8	9	10	11	12	13	14	15	16	17	18		
7	8	9	10	11	12	13	14	15	16	17	18		
8	8	9	10	11	12	13	14	15	16	17	18		
9	8	9	10	11	12	13	14	15	16	17	18		
10	8	9	10	11	12	13	14	15	16	17	18		
11	8	9	10	11	12	13	14	15	16	17	18		
12	8	9	10	11	12	13	14	15	16	17	18		
13	8	9	10	11	12	13	14	15	16	17	18		
14	8	9	10	11	12	13	14	15	16	17	18		
15	8	9	10	11	12	13	14	15	16	17	18		
16	8	9	10	11	12	13	14	15	16	17	18		
17	8	9	10	11	12	13	14	15	16	17	18		
18	8	9	10	11	12	13	14	15	16	17	18		
19	8	9	10	11	12	13	14	15	16	17	18		
20	8	9	10	11	12	13	14	15	16	17	18		
21	8	9	10	11	12	13	14	15	16	17	18		
22	8	9	10	11	12	13	14	15	16	17	18		
23	8	9	10	11	12	13	14	15	16	17	18		
24	8	9	10	11	12	13	14	15	16	17	18		
25	8	9	10	11	12	13	14	15	16	17	18		
26	8	9	10	11	12	13	14	15	16	17	18		
27	8	9	10	11	12	13	14	15	16	17	18		
28	8	9	10	11	12	13	14	15	16	17	18		
29	8	9	10	11	12	13	14	15	16	17	18		
30	8	9	10	11	12	13	14	15	16	17	18		
31	8	9	10	11	12	13	14	15	16	17	18		

# VITAMINS & MEDICATIONS

MON TUE WED THU FRI SAT SUN

<b>MEDICATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FREQUENCY:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOSE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIME:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MEDICATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FREQUENCY:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOSE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIME:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MEDICATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FREQUENCY:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOSE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIME:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>MEDICATION:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FREQUENCY:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DOSE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIME:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

