



Healthy Habits

Workbook

This Workbook

belongs to:





Vision Board

[illegible]



Healthy Habits

Bucket List

[illegible][illegible][illegible][illegible][illegible][illegible]



Healthy Habits

Fitness Tracker

WEEK 1: _____

Planned Workout	MONDAY	Actual Workout
Planned Workout	TUESDAY	Actual Workout
Planned Workout	WEDNESDAY	Actual Workout
Planned Workout	THURSDAY	Actual Workout
Planned Workout	FRIDAY	Actual Workout
Planned Workout	SATURDAY	Actual Workout
Planned Workout	SUNDAY	Actual Workout



Healthy Habits

Fitness Tracker

WEEK 2:

Planned Workout	MONDAY	Actual Workout
Planned Workout	TUESDAY	Actual Workout
Planned Workout	WEDNESDAY	Actual Workout
Planned Workout	THURSDAY	Actual Workout
Planned Workout	FRIDAY	Actual Workout
Planned Workout	SATURDAY	Actual Workout
Planned Workout	SUNDAY	Actual Workout



Healthy Habits

Fitness Tracker

WEEK 3:

Planned Workout	MONDAY	Actual Workout
Planned Workout	TUESDAY	Actual Workout
Planned Workout	WEDNESDAY	Actual Workout
Planned Workout	THURSDAY	Actual Workout
Planned Workout	FRIDAY	Actual Workout
Planned Workout	SATURDAY	Actual Workout
Planned Workout	SUNDAY	Actual Workout



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

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SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

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Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

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Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Daily Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES



Healthy Habits

Weekly Meal Ideas

DATE: _____

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



Healthy Habits

Weekly Meal Ideas

DATE: _____

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



Healthy Habits

Weekly Meal Ideas

DATE: _____

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				



Healthy Recipe

Name: _____

Category:

Prep Time:

Ingredients:

[illegible]

Notes:

Notes



Healthy Recipe

Name: _____

Category:	Prep Time:
-----------	------------

Ingredients:

[illegible]

Notes

Notes:



Prep Time:

Notes:

[illegible]

Notes



Prep Time:

Notes:

[illegible]

Notes



Healthy Recipe

Name: _____

Category:	Prep Time:
-----------	------------

Ingredients:

[illegible]

Notes

Notes:



Healthy Recipe

Name: _____

Category:	Prep Time:
-----------	------------

Ingredients:

[illegible]

Notes

Notes:



Healthy Habits

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

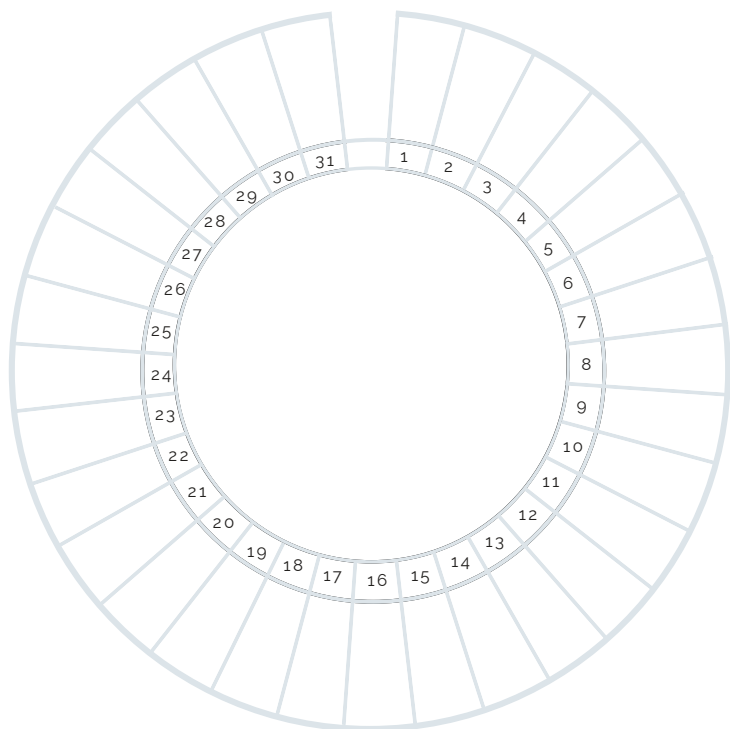
SUNDAY																								
GOAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
ACTUAL	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11



Healthy Habits

Mood Tracker

MONTH _____



NEUTRAL

GRUMPY

RELAXED

TIRED

SICK

HAPPY

STRESSED

SAD

ANGRY



Healthy Habits

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]



SUN

[illegible]



SUN

[illegible]



Sleep Log

[illegible]



Healthy Habits

Water Log

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



Healthy Habits

Self Care Planner

WRITE DOWN YOUR SELF-CARE ACTIONS

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



Healthy Habits

Self Love List

FAVORITE
AFFIRMATIONS

COMPLIMENTS TO
MYSELF

I'M PROUD OF



Morning

TO _____

[illegible]

TO _____

[illegible]

TO _____

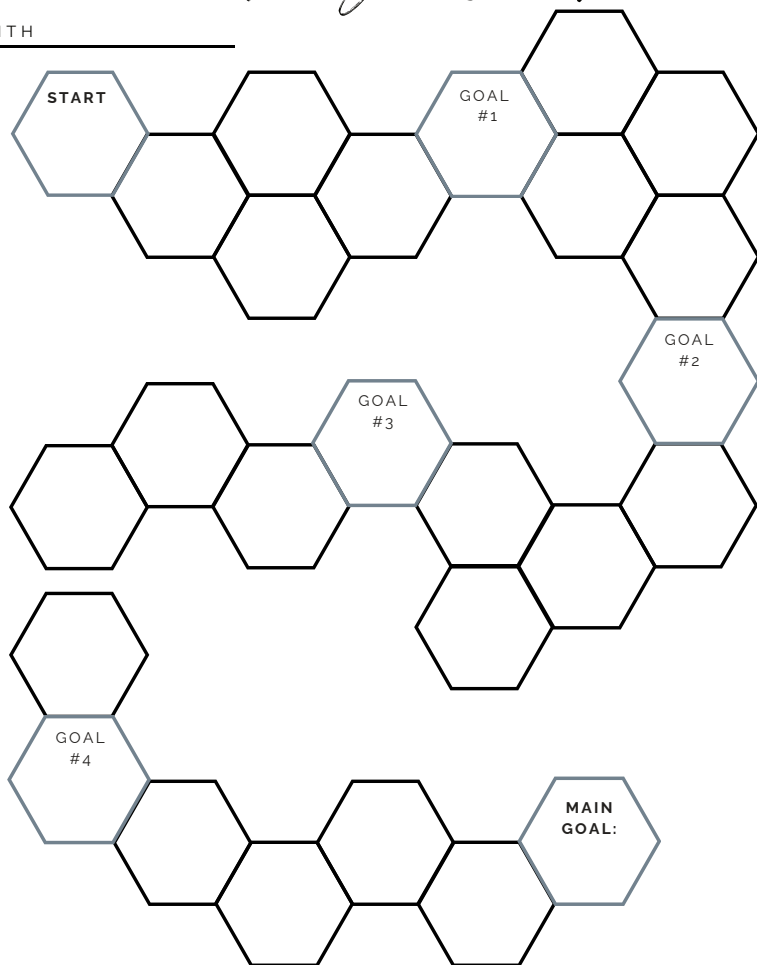
[illegible]



Healthy Habits

Weight Loss Tracker

MONTH _____



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



Healthy Habits

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 Habits

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.

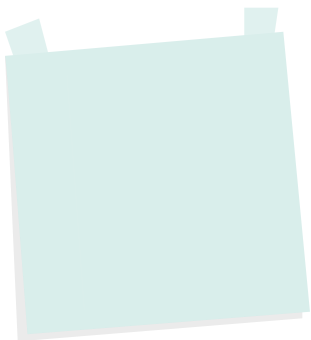
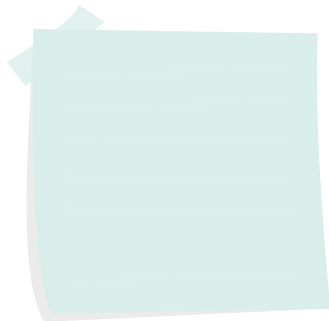
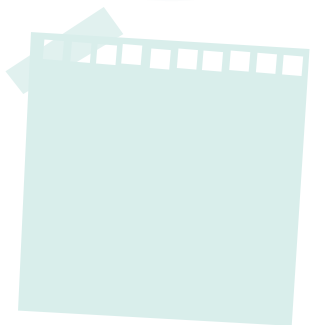
When the timer rings, open your eyes slowly.

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



Healthy Habits

Positive Affirmations





Gratitude Tracker

ONE LESSON I LEARNED

A 3x3 grid of squares, consisting of 9 squares arranged in 3 rows and 3 columns. The grid is formed by 4 horizontal lines and 4 vertical lines, creating a total of 9 squares. The squares are empty and have no internal markings.



Gratitude Tracker

ONE LESSON I LEARNED

A 3x3 grid of squares, consisting of 9 squares arranged in 3 rows and 3 columns. The grid is formed by 4 horizontal lines and 4 vertical lines, creating a total of 9 equal-sized squares.



Gratitude Tracker

ONE LESSON I LEARNED

A 3x3 grid of squares, consisting of 9 squares arranged in 3 rows and 3 columns. The grid is formed by 4 horizontal lines and 4 vertical lines, creating a total of 9 squares. The squares are empty and have no internal markings.



Healthy Habits

Kindness Tracker

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SITUATION

THOUGHT

NEW THOUGHT

[illegible]



MONTH:

GOAL

DUE DATE

[illegible]



Healthy Habits

Weekly Planner

WEEK _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

NOTES



Healthy Habits

Weekly Planner

WEEK _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

NOTES



Healthy Habits

Weekly Planner

WEEK _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

NOTES



Healthy Habits

Monthly Planner

MONTH _____

YEAR _____

MON	TUE	WED	THU	FRI	SAT	SUN

TO DO LIST

NOTES



Healthy Habits

Yearly Planner

YEAR _____

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER



Healthy Habits

Long Term Goals

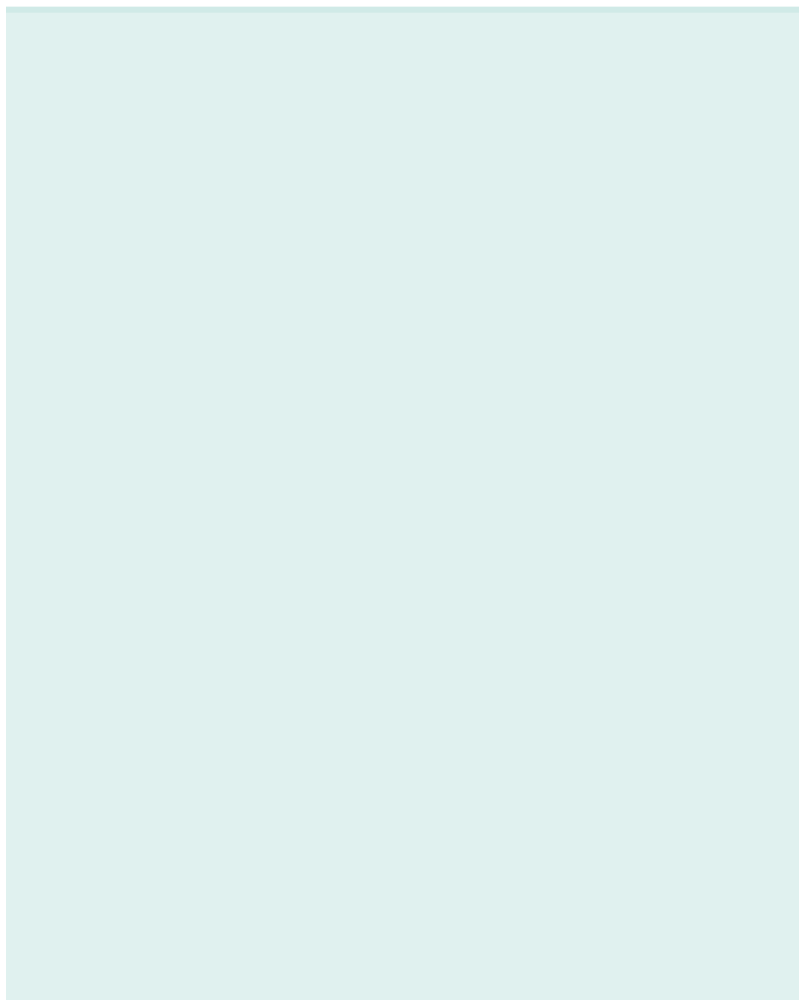
WHERE I SEE MY HEALTH IN A YEAR

WHERE I SEE MY HEALTH IN 5 YEARS

WHERE I SEE MY HEALTH IN 10 YEARS

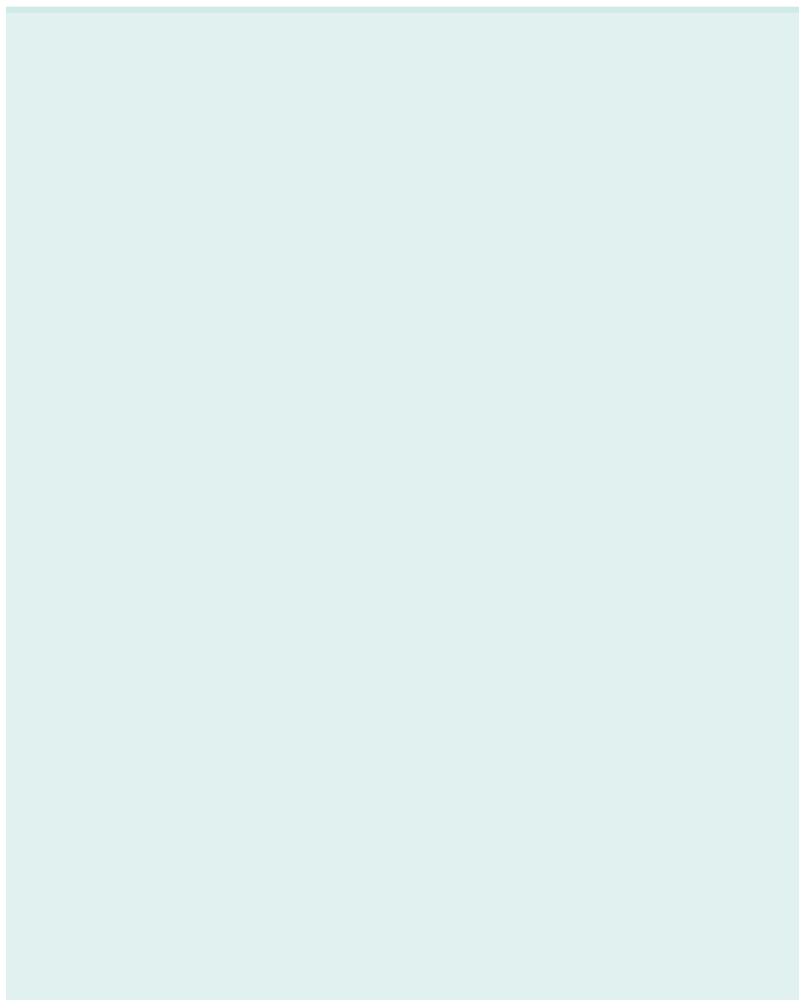


Healthy Habits



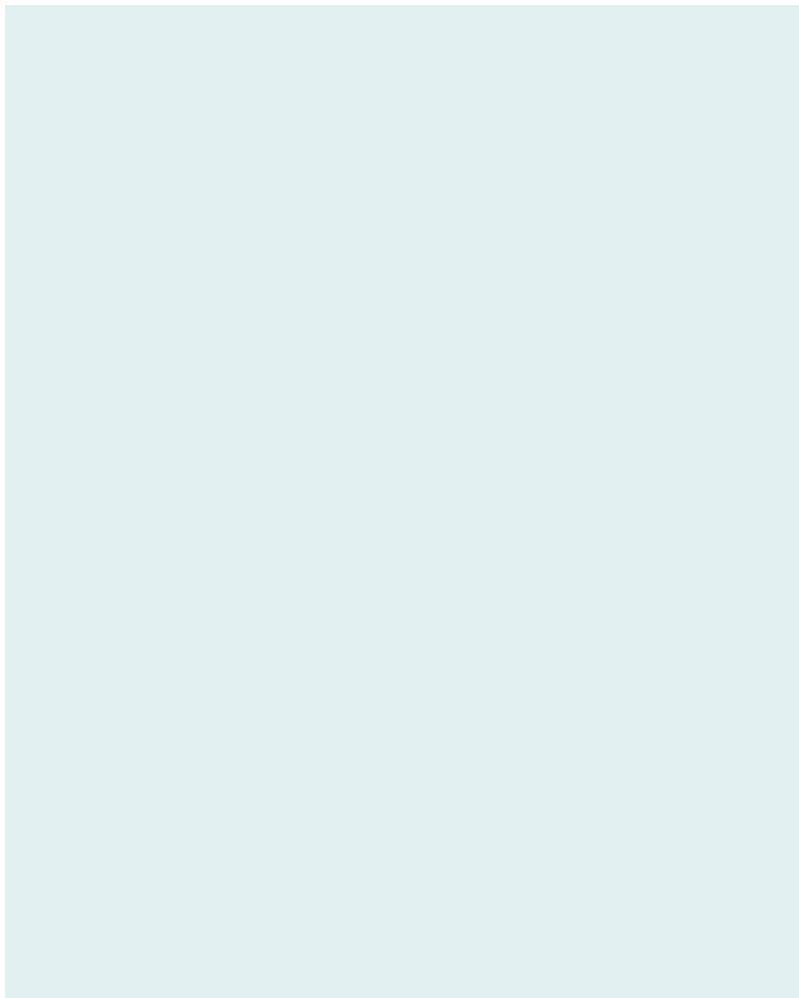


Healthy Habits



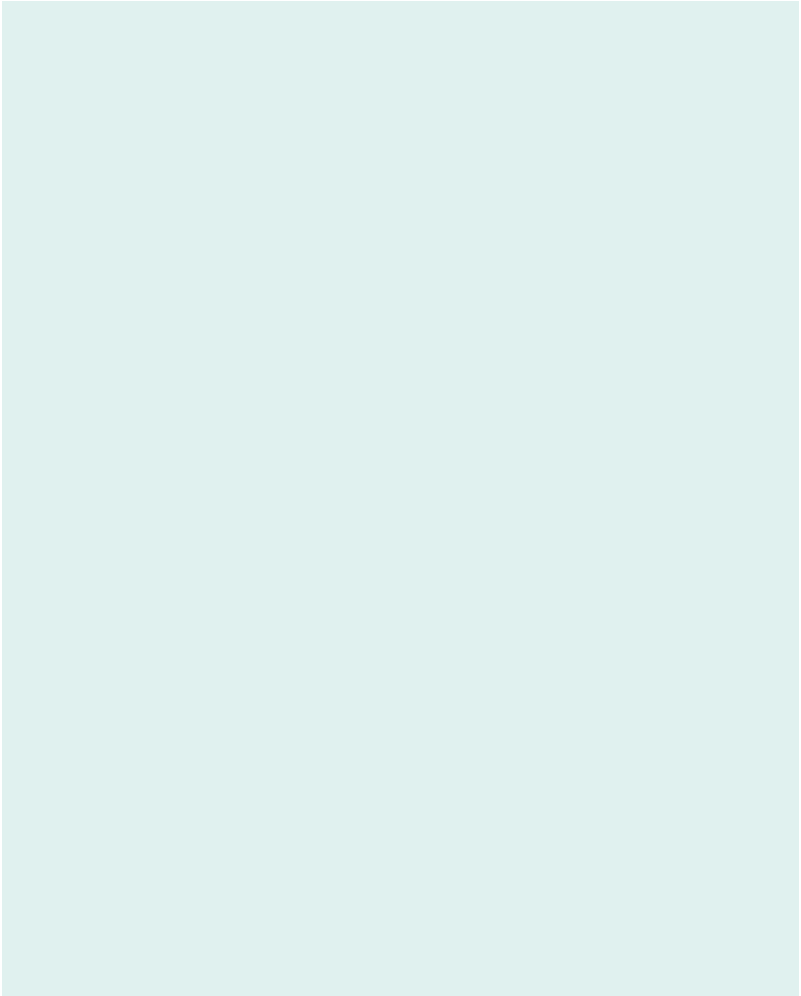


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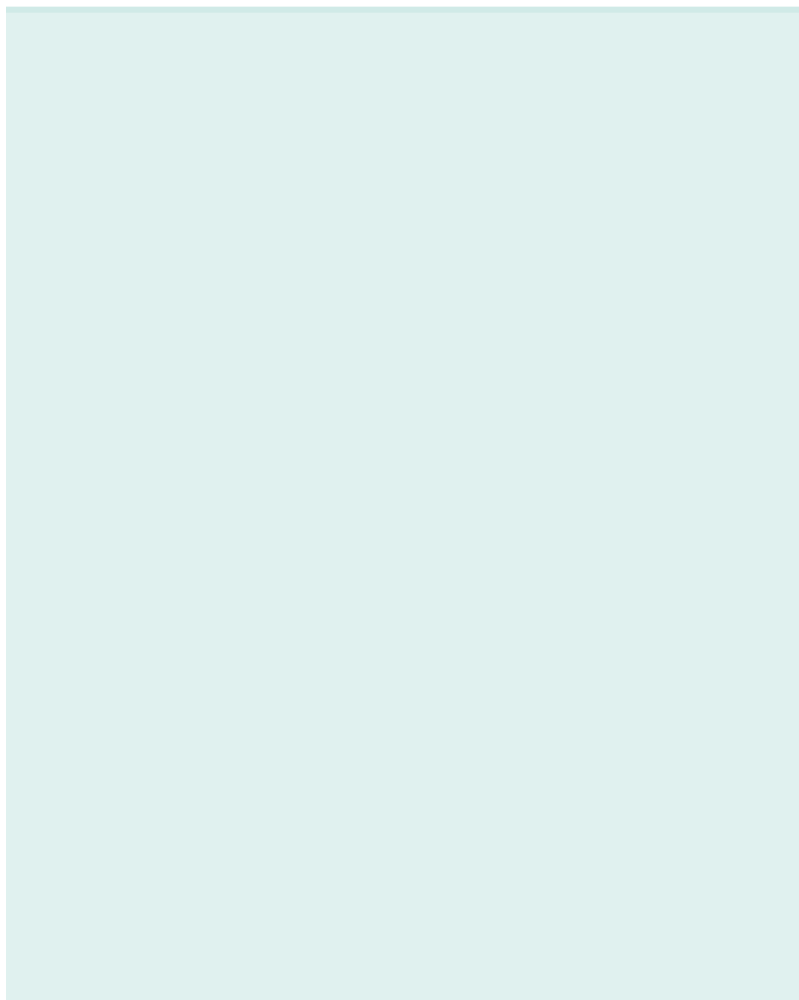


Healthy Habits



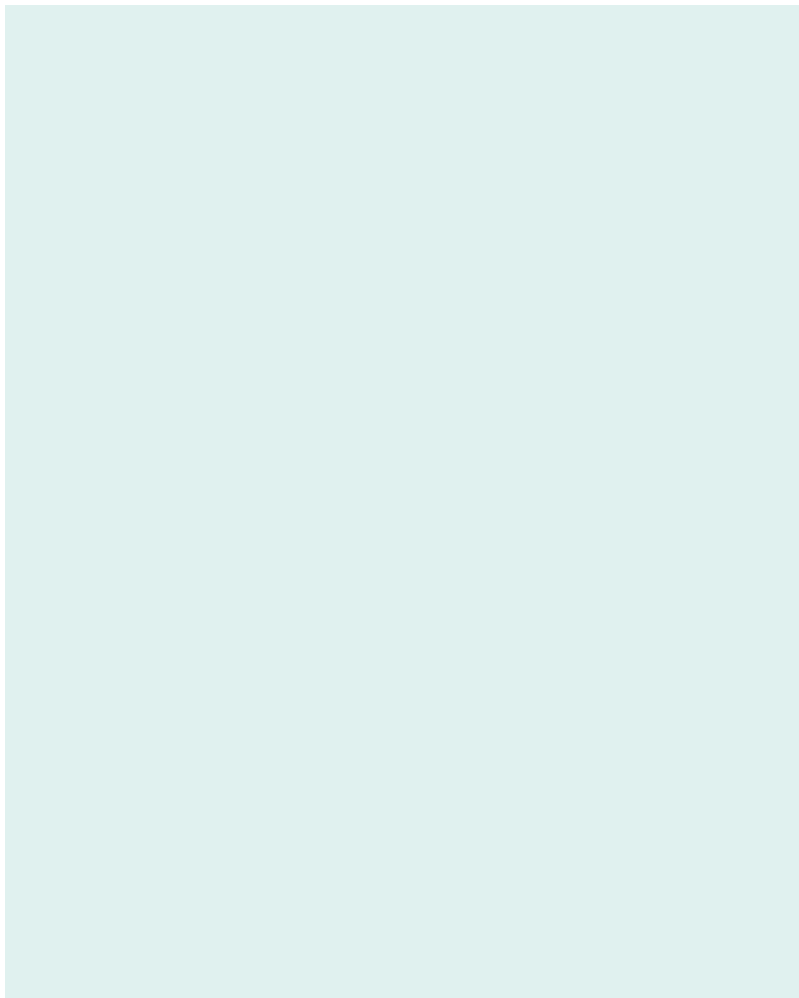


Healthy Habits





Healthy Habits



Healthy Habits

Notes



Healthy Habits

Notes

