

A full-page photograph of a woman in her late 20s or early 30s, smiling and looking upwards. She is wearing a dark grey athletic crop top, black leggings, white socks, and white sneakers. She stands with her arms slightly out to the sides. The background is a plain white wall, and her shadow is cast onto the wall behind her to the left. The floor is made of light-colored stone tiles.

Healthy Living Journal

Healthy Living

Bucket List

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

Healthy Living

Meal Ideas

DATE: _____

BREAKFAST

SNACKS

LUNCH

SNACKS

DINNER

SNACKS

NOTES

Healthy Living

Meal Ideas

DATE: _____

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

Healthy Living

Healthy Recipe

Name:

Category:	Prep Time:
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Ingredients:

[illegible]

Notes:

Notes

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Healthy Herbs

HERBS FOR TEA:

AILMENT	HERBS USED

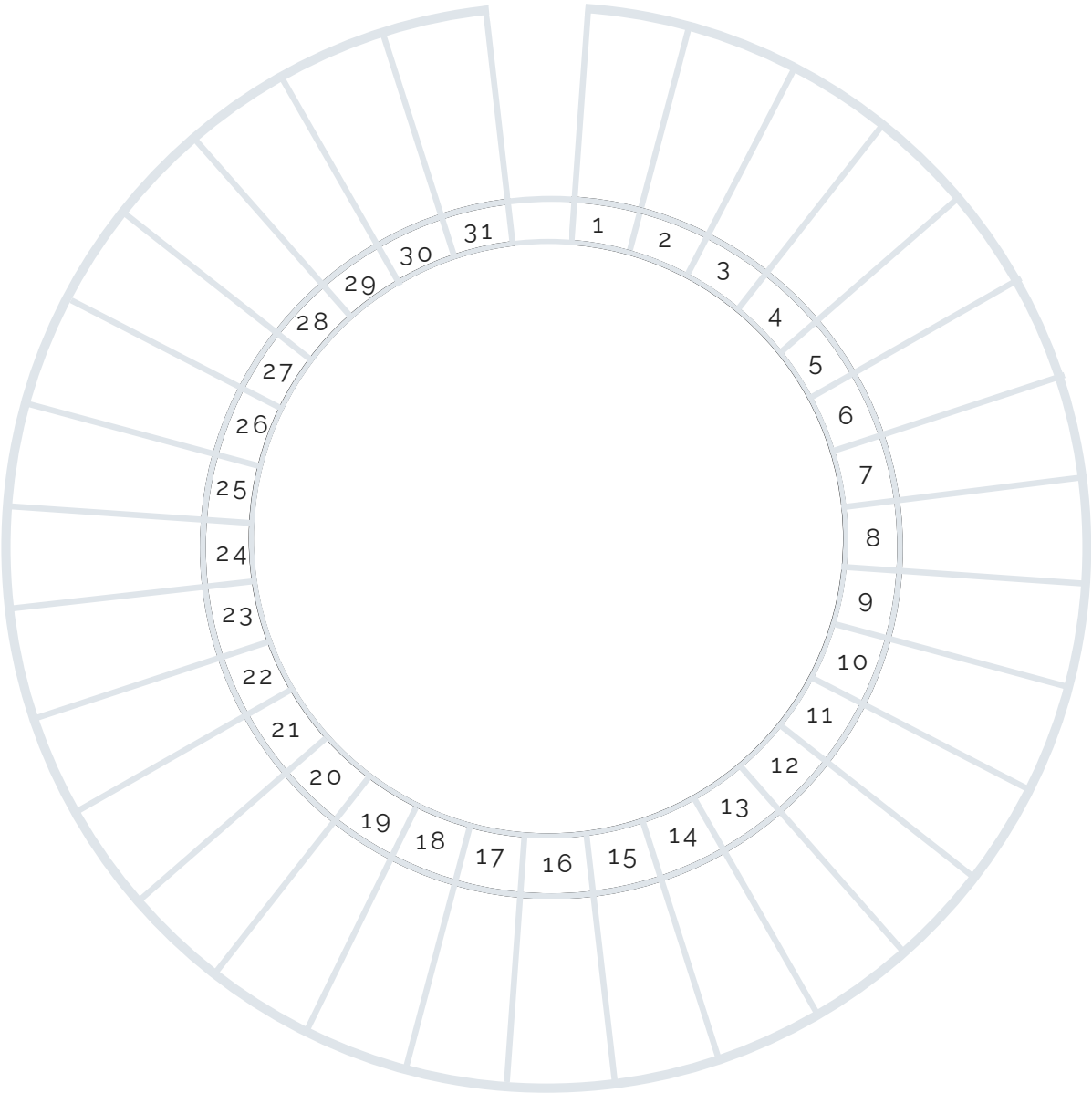
HERBS FOR COOKING:

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

MON

WED

FRI

SUN

[illegible]

Healthy Living

Water Log

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

Healthy Living

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 Living

Self Love List

FAVORITE
AFFIRMATIONS

COMPLIMENTS TO
MYSELF

I'M PROUD OF

Healthy Living

Workout Tracker

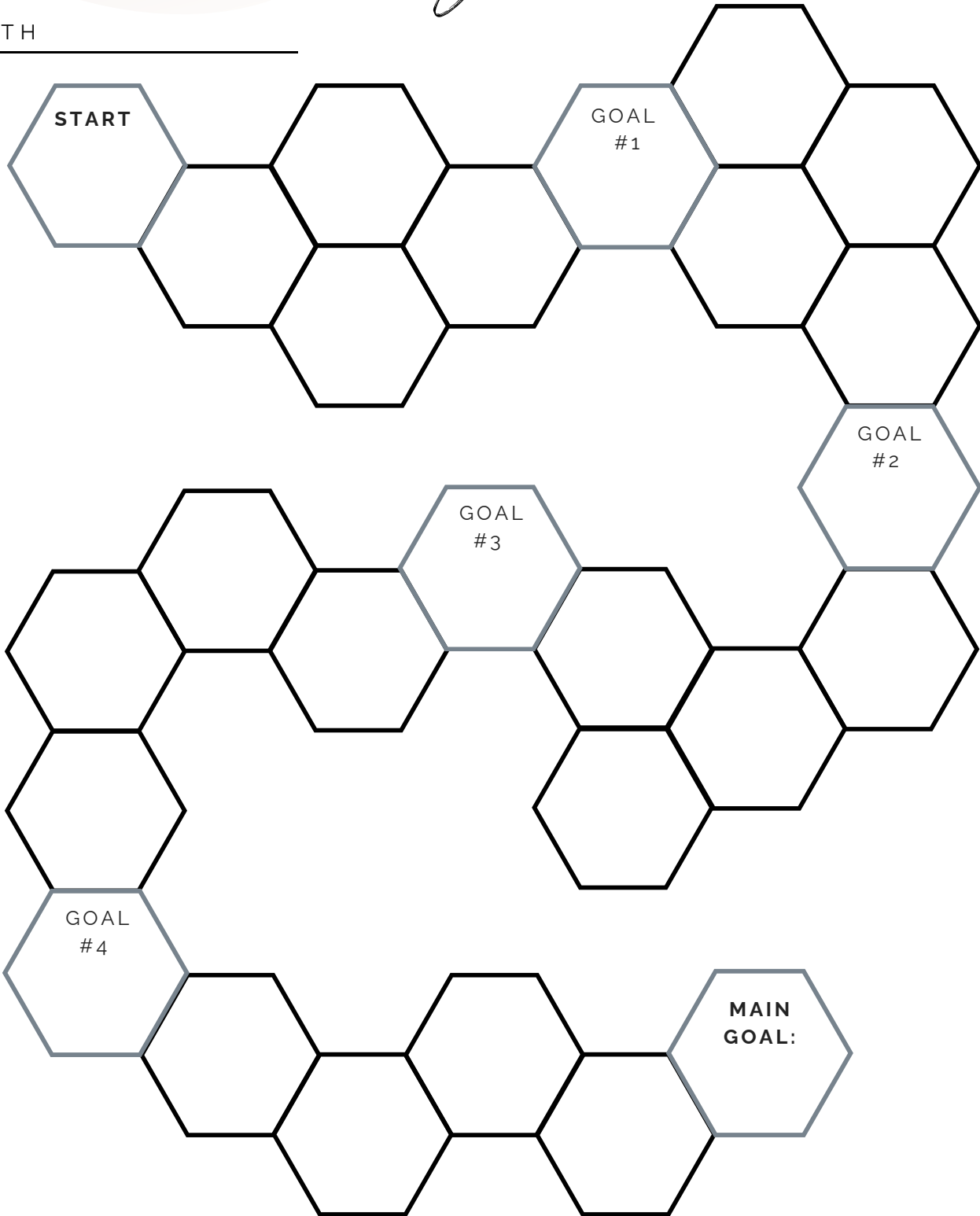
WEEK _____

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

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Weight Loss Tracker

MONTH _____



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

Healthy Living

Running Log

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:
»»				»»

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:

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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.

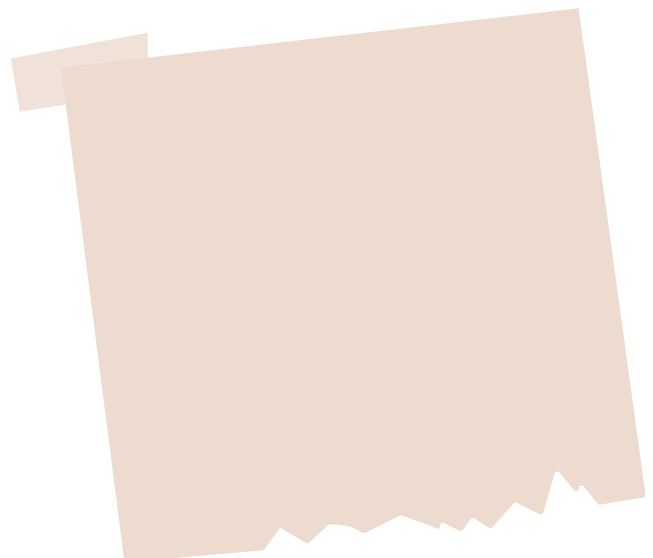
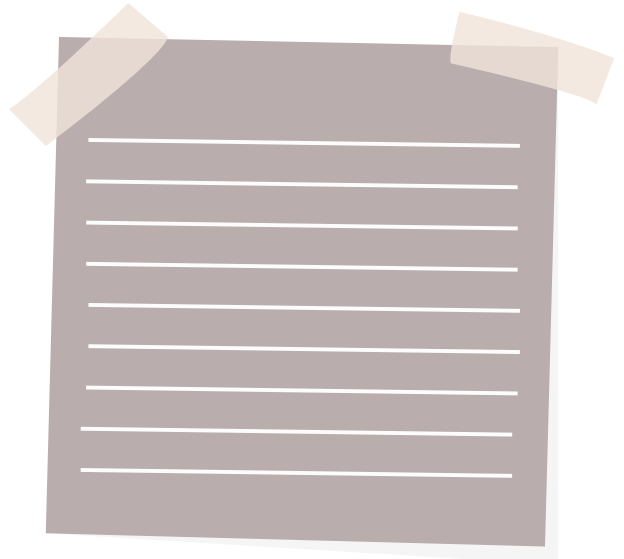
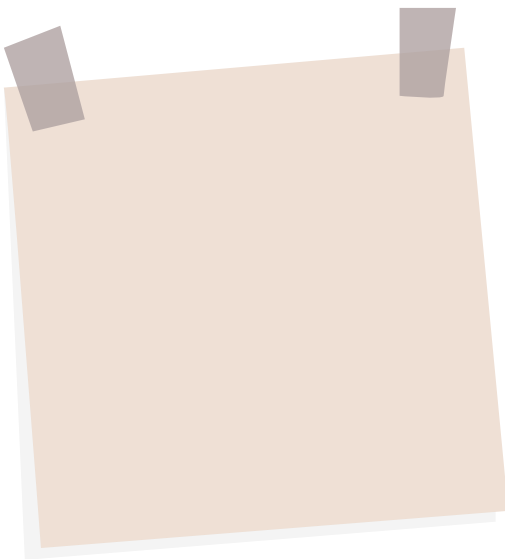
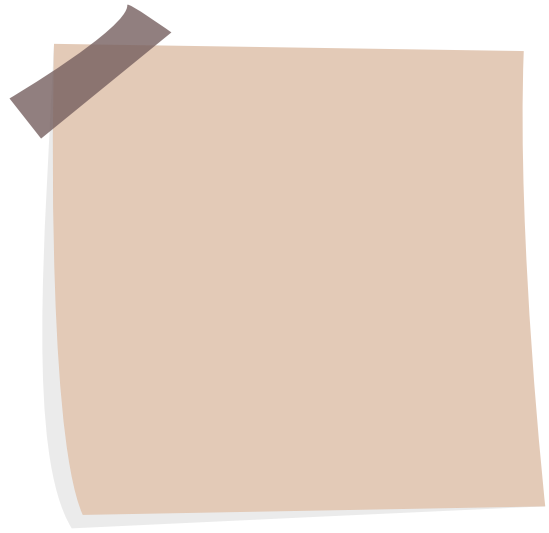
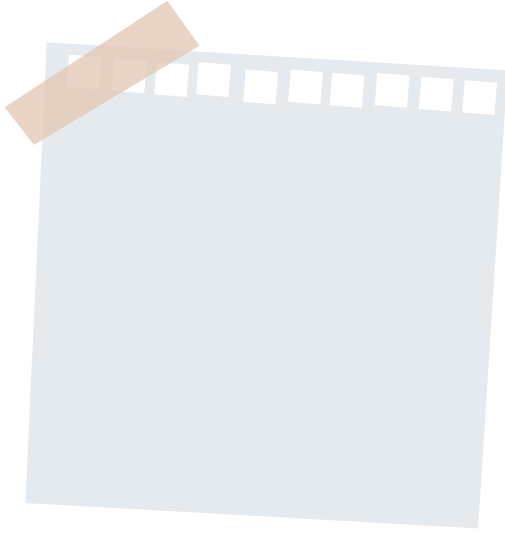
Every time your mind wanders, bring your concentration back to your breath.

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.

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Positive Affirmations



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Daily Yoga

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		<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]

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Goals Planner

YEAR

QUARTER:

MONTH:

MOTIVATIONAL QUOTE

GOAL

DUE DATE

Healthy Living

Daily Planner

Date:

Today's Video:

Things To Do:

1.

6.

2.

7.

3.

8.

4.

9.

5.

10.

Next Steps:

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Weekly Planner

WEEK _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY




































NOTES

Healthy Living

Monthly Planner

MONTH _____

YEAR _____

MON	TUE	WED	THU	FRI	SAT	SUN
						
						
						
						
						

TO DO LIST

- ☐
- ☐
- ☐
- ☐
- ☐

NOTES

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Yearly Planner

YEAR _____

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER


NOVEMBER

DECEMBER

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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

