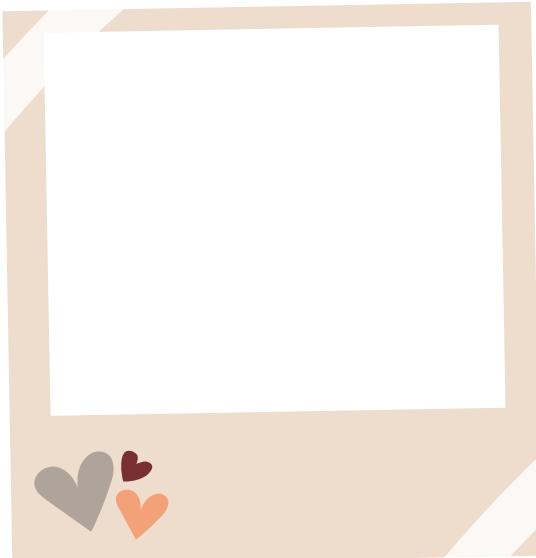




FITNESS PLANNER TEMPLATES

ALL ABOUT ME

This is a picture of me



My name is



When I grow up, I want
to be a/an

This year, I want to learn more about

- 1 _____
- 2 _____
- 3 _____

Fitness Goals

START:

FINISH:

DURATION:

starting weight

final weight

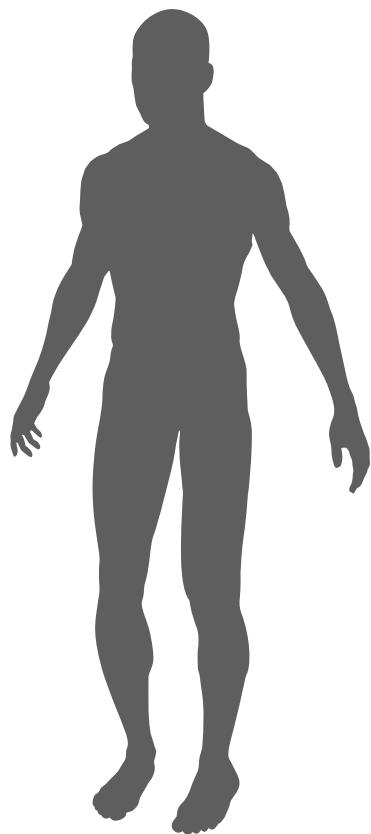
START

NECK	
BUST	

BICEPS	
WAIST	

HIPS	
THIGHS	

ABS	
CALVES	



END

NECK	
BUST	

BICEPS	
WAIST	

HIPS	
THIGHS	

ABS	
CALVES	

NEW HEALTHY HABITS

-
-

BAD HABITS TO CUT

-
-

MOTIVATION & INSPIRATION

FITNESS GOAL

START DATE :

DURATION :

END DATE :

START WEIGHT :

GOAL WEIGHT :

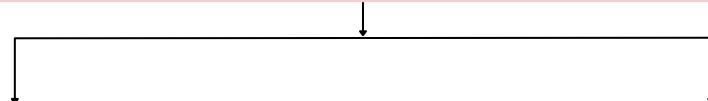
FINAL BMI :

START BMI :

GOAL BMI :

FINAL WEIGHT :

HABIT





MEASUREMENTS



START

END

BUST

WAIST

HIPS

CHEST

THIGHS

ARM

MOTIVATION/BIG WHY

NOTES

FITNESS PROGRESS

____ / ____ / ____

____ / ____ / ____

Body Parts	Before	After

NO
PAIN,
NO
GAIN.

Workout Motivation

Notes



WORKOUT LOG

	Activities	Tracker	Notes
MON		Sets : Date: Reps : Weight: Calories : Distance:	
TUE		Sets : Date: Reps : Weight: Calories : Distance:	
WED		Sets : Date: Reps : Weight: Calories : Distance:	
THU		Sets : Date: Reps : Weight: Calories : Distance:	
FRI		Sets : Date: Reps : Weight: Calories : Distance:	
SAT		Sets : Date: Reps : Weight: Calories : Distance:	
SUN		Sets : Date: Reps : Weight: Calories : Distance:	

FOOD TRACKER

Date	Breakfast	Lunch	Dinner	Snack
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				

Notes

Target Weight



WEIGHT TRACKER

MARCH

Week 1

Week 2

Week 3

Week 4

.lbs

.lbs

.lbs

.lbs

APRIL

Week 1

Week 2

Week 3

Week 4

.lbs

.lbs

.lbs

.lbs

MAY

Week 1

Week 2

Week 3

Week 4

.lbs

.lbs

.lbs

.lbs

Notes

Before

After

.lbs

.lbs

TARGET WEIGHT

.lbs



FITNESS PLANNER

MONTH OF:

M T W T F S S



MY DAILY GOALS



MY MOTIVATION



MEALS AND SNACKS

B

L

D

S

WATER



REPS

MINUTES

COLORIES

INTENSITY

WEIGHT



EXERCISE



NOTES

MY DIET JOURNEY

Starting Date:

Ending Date:

List of Motivations:

Breakfast

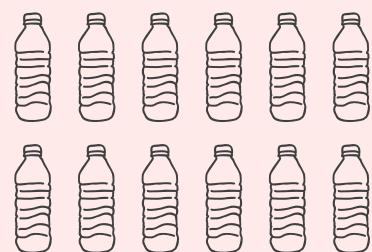
Lunch

Dinner

Snack

Supplements

Water Intake



Diet Progress



FITNESS CHALLENGE

Month:

Week of:

	Exercise/Workout	Sets & Reps
S		
M		
T		
W		
T		
F		
S		

Notes:

CALORIES TRACKER

Month:

Week of:

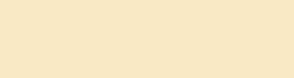
	Breakfast	Lunch	Dinner	Snack
Sun				
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				

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

DAILY FITNESS

DATE :

TODAY'S FOCUS :

WATER :

STEPS :

TOTALS

CALORIES :

PROTEIN :

FAT :

CARBS :

MOTIVATION

IMPORTANT

TOMORROW

DAILY WORKOUT

TASKS

BREAKFAST

LUNCH

DINNER

SNACK

NOTES

WEEKLY FITNESS

CURRENT WEIGHT :

MONTH OF :

MONDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
TUESDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
WEDNESDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
THURSDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
FRIDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
SATURDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	
SUNDAY	DAILY STEPS	TOTAL CALORIES	WATER :
WORKOUT :		BREAKFAST :	

MONTHLY FITNESS

MONTH OF :

MON	TUS	WED	THU	FRI	SAT	SAN	
							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
							WEIGHT GOAL
							CEMENT WEIGHT
							POUNDS LOST
NOTES							

Fitness Planner

Date : _____

Water :



Breakfast

Lunch

Dinner

Snack

Resistance Training

Exercise

Set

Rep

Weight

Four horizontal lines for notes or exercises.

Cardio

Exercise

Time

Dist.

Cal.

H.R.

Four horizontal lines for notes or exercises.

Workout Planner

DAY	EXERCISE	GOAL
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

workout routine

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY



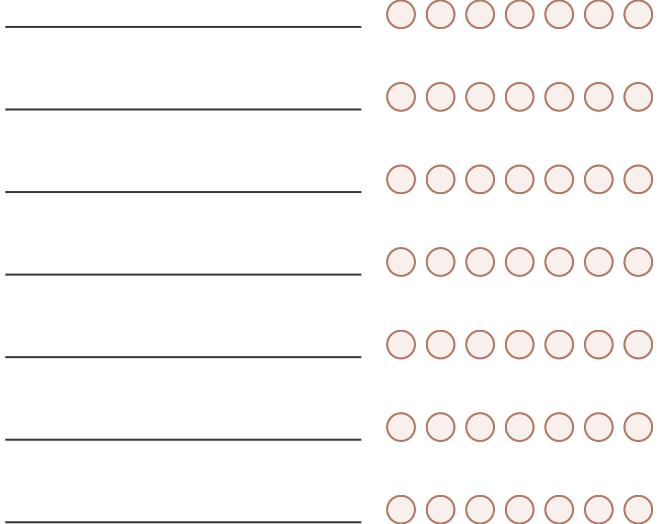
WELLNESS TRACKER

WEEK

MONTH

SELF-CARE ACTIVITY

S M T W T F S



SLEEP TRACKER

TIME SLEPT HOURS SLEPT ENERGY LEVEL

S	_____	_____	⚡⚡⚡⚡⚡⚡⚡
M	_____	_____	⚡⚡⚡⚡⚡⚡⚡
T	_____	_____	⚡⚡⚡⚡⚡⚡⚡
W	_____	_____	⚡⚡⚡⚡⚡⚡⚡
T	_____	_____	⚡⚡⚡⚡⚡⚡⚡
F	_____	_____	⚡⚡⚡⚡⚡⚡⚡
S	_____	_____	⚡⚡⚡⚡⚡⚡⚡

GRATITUDE LIST

S

M

T

W

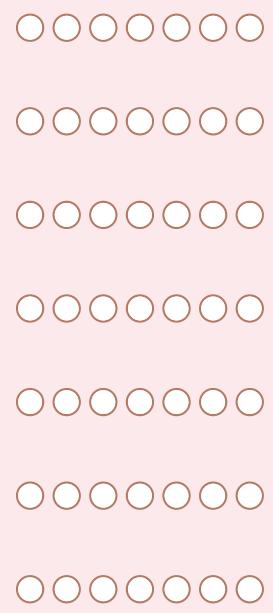
T

F

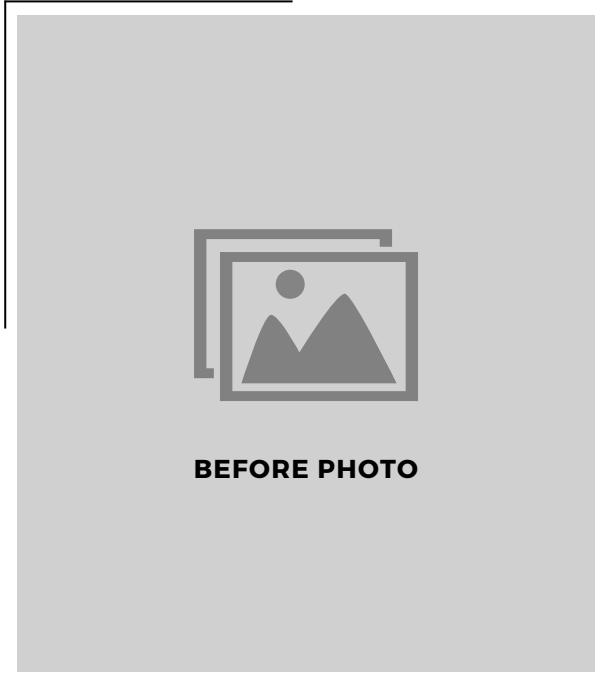
S

HABIT TRACKER

S M T W T F S



Before & After



BEFORE PHOTO

STARTS		
	WEIGHT	
	MUSCLE	
	BODY FAT	
	BMI	

MEASUREMENTS

	CHEST	
	BICEPS	
	HIPS	
	CALVES	
	WAIST	
	THIGHS	



AFTER PHOTO

Measurement Tracker

BEFORE

Weight _____

Date _____

RIGHT
ARM _____

LEFT
ARM _____

CGEST _____

WAIST _____

HIPS _____

RIGHT
THIGH _____

LEFT
THIGH _____

RIGHT
CALF _____

LEFT
CALF _____

AFTER

Weight _____

Date _____

RIGHT
ARM _____

LEFT
ARM _____

CGEST _____

WAIST _____

HIPS _____

RIGHT
THIGH _____

LEFT
THIGH _____

RIGHT
CALF _____

LEFT
CALF _____

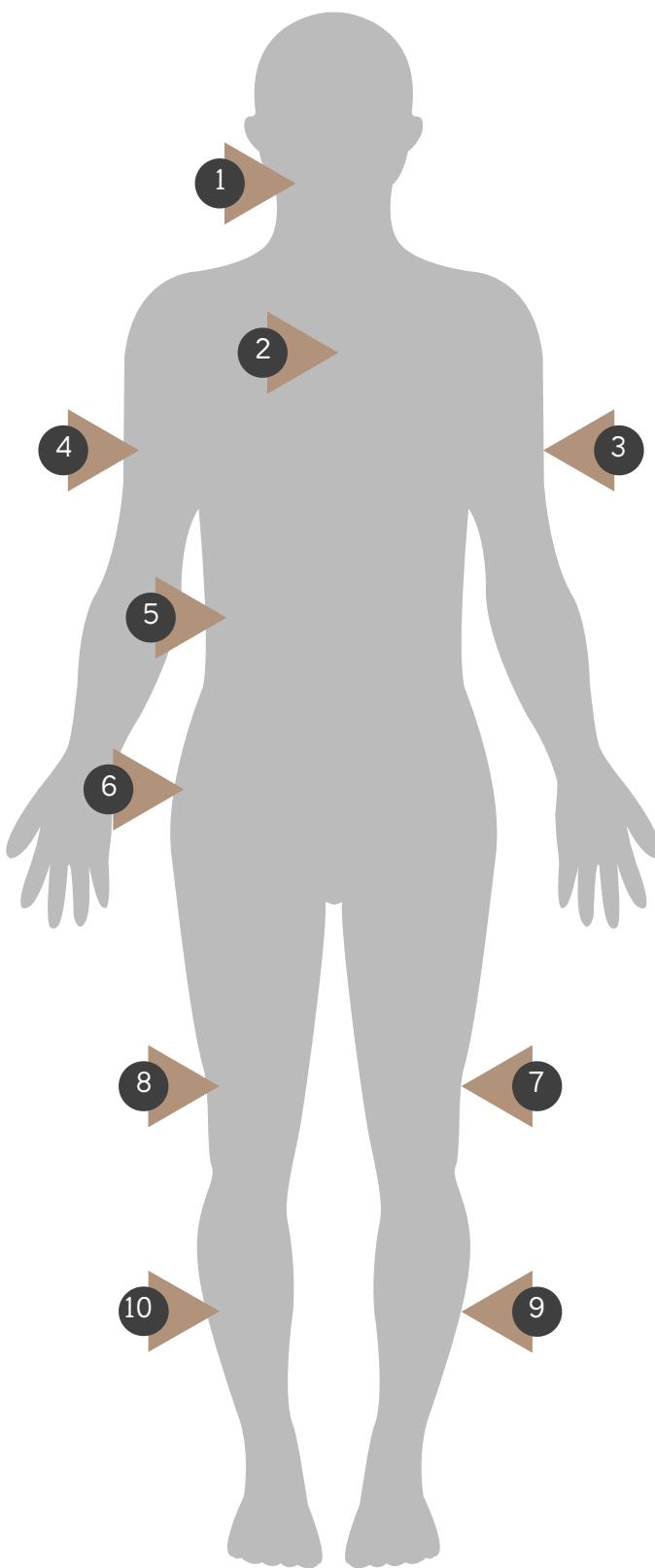
NOTES

•

•

BODY MEASUREMENT

BEFORE		
DATE:		
WEIGHT:		
1	NECK	
2	CHEST	
3	LEFT ARM	
4	RIGHT ARM	
5	WAIST	
6	HIPS	
7	LEFT THIGH	
8	RIGHT THIGH	
9	LEFT CALF:	
10	RIGHT CALF	



AFTER		
DATE:		
WEIGHT:		
1	NECK	
2	CHEST	
3	LEFT ARM	
4	RIGHT ARM	
5	WAIST	
6	HIPS	
7	LEFT THIGH	
8	RIGHT THIGH	
9	LEFT CALF:	
10	RIGHT CALF	

12 Week Challenge

30-DAY SELF-CARE CHALLENGE

<input type="checkbox"/> Set a personal goal for the month	<input type="checkbox"/> Practice deep breathing or meditation for 10 minutes	<input type="checkbox"/> Write a list of 10 things you're grateful for	<input type="checkbox"/> Take a walk outside	<input type="checkbox"/> Declutter a room or workspace
<input type="checkbox"/> Call or text a friend to catch up	<input type="checkbox"/> Cook a healthy meal	<input type="checkbox"/> Practice yoga or gentle stretching	<input type="checkbox"/> Write a positive affirmation and repeat it throughout the day	<input type="checkbox"/> Create a relaxing bedtime routine
<input type="checkbox"/> Journal about your thoughts and feelings	<input type="checkbox"/> Set aside time for your favorite hobby	<input type="checkbox"/> Give yourself a compliment	<input type="checkbox"/> Unplug from technology for an hour	<input type="checkbox"/> Listen to your favorite music or a calming playlist
<input type="checkbox"/> Practice mindfulness while doing everyday tasks	<input type="checkbox"/> Spend time with a pet or visit a local animal shelter	<input type="checkbox"/> Read a book or watch a movie that inspires you	<input type="checkbox"/> Explore a new relaxation method, like progressive muscle relaxation	<input type="checkbox"/> Take a power nap or restorative break
<input type="checkbox"/> Create a vision board or list of personal goals	<input type="checkbox"/> Volunteer or perform a random act of kindness	<input type="checkbox"/> Treat yourself to a small indulgence	<input type="checkbox"/> Reflect on your accomplishments and growth	<input type="checkbox"/> Connect with nature by visiting a park, beach, or forest
<input type="checkbox"/> Write a letter to your future self	<input type="checkbox"/> Set boundaries to protect your energy and time	<input type="checkbox"/> Establish a morning routine that energizes you	<input type="checkbox"/> Practice self-compassion and forgive yourself for past mistakes	<input type="checkbox"/> Review your progress and celebrate your achievements

100 DAYS CHALLENGE

TARGET										
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	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	
51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	
71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	
91	92	93	94	95	96	97	98	99	100	

NOTE

VISION PLANNER

CORE PURPOSE :

CORE VALUES

1

2

3

4

5

WHO WE SERVE

WHAT'S IMPORTANT NOW

NORTH STAR GOAL

WHY WE'LL WIN

1 YEAR GOAL

Future date

Revenue

Profit

3 YEAR GOAL

Future date

Revenue

Profit

DAILY FITNESS PLANNER

DATE: _____ S M T W T F S

GOALS OF THE DAY

- _____
- _____
- _____
- _____

WORKOUT

TIME

REPS

● <input type="checkbox"/>		

WATER INTAKE



TODAY'S MOOD



DAILY NUTRITION

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

TODAY I'M GRATEFUL FOR

TO START

OK

STUCK

CANCEL

Habit Tracker

WEEK OF

DAILY PLANNER

DATE :

M T W T F S S

HEALTHY
& FITNESS

BREAKFAST

LUNCH

DINNER

MY GOAL

TODAY
I'M GRATEFUL FOR

MUST DO
TODAY

1

2

3

APOINTMENTS

SCHEDULE
AND TO DO'S

SCHEDULE
& INSPIRATION

WEEKLY PLANNER

PRIORITIES

-
-
-
-
-

APPOINTMENT

MON

TUE

WED

THU

FRI

SAT

SUN

NOTE

CHECKLIST

-
-
-
-
-

WATER



WORKOUT

Monthly Planner

MONTH _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

NOTES

YEARLY PLANNER

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DESEMBER

FITNESS TRACKER

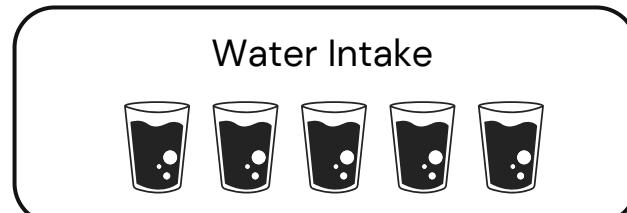
Date:

S M T W T F S

Goals:

Exercise	Time

Meal	Calories
• BREAKFAST	
• LUNCH	
• DINNER	
• SNACK	



Daily Reflection

Date:

Month:

Year:

How do I feel today?

How do I feel tonight?

What did I do well?

What do I need to improve?

Biggest lesson for today

Things I am grateful for

Note for today:

Note for tomorrow:

WEEKLY REFLECTION

Week:

Overview:

My Favorite Moments

I Plan To Do More

I'm Most Grateful For

I Plan To Do Less

Key Accomplishment

I'll Take Care Of
Myself By

I'm So Excited For

BRAIN DUMP

TASKS

PRIORITY

DONE

HEALTH HABIT

WEEK OF

	MENU PLANNER	WORKOUT	WATER INTAKE
Monday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Tuesday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Wednesday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Thursday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Friday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Saturday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	
Sunday	Breakfast Lunch Dinner Snacks	Exercise Calories Burned	

DAILY MEAL PLANNER

DATE :

Breakfast

Shopping

Snack

Lunch

Grocery List

Snack

Dinner

Notes

Weekly Meal Planner

Grocery List

Breakfast

Lunch

Dinner

Snacks

mon

--	--	--	--

tue

--	--	--	--

wed

--	--	--	--

thu

--	--	--	--

fri

--	--	--	--

sat

--	--	--	--

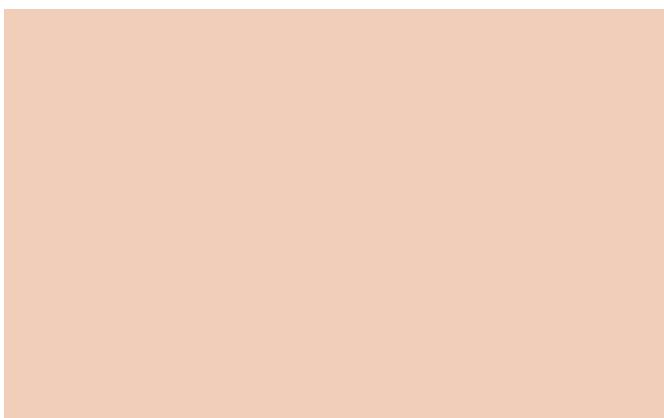
sun

--	--	--	--

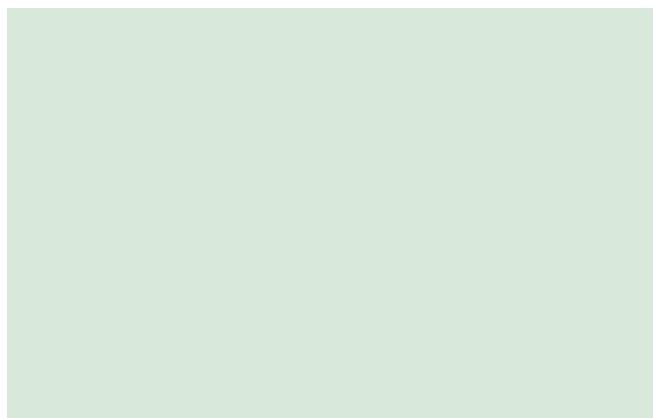
Monthly Meal Plan

Mon	Tues	Wed	Thurs	Fri	Sat / Sun
●	●	●	●	●	●
●	●	●	●	●	●
●	●	●	●	●	●
●	●	●	●	●	●
●	●	●	●	●	●

New to Try



Shopping List



PRODUCTIVE HABIT TRACKER

NAME: _____

DATE:

Food journal

WEEK: _____

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

Breakfast	
Lunch	
Dinner	
Snacks	
Rate your day	○○○○○

NOTES:

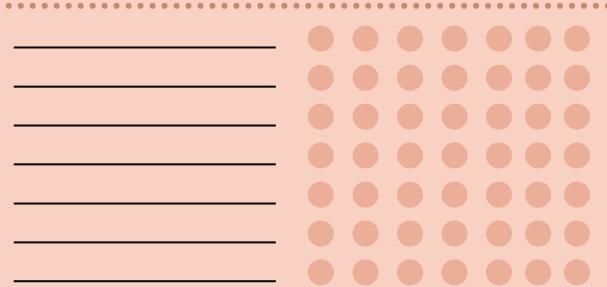
Vitamin Supplement Tracker

YEAR: _____

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

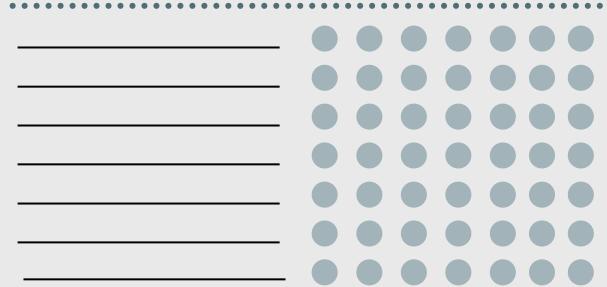
Week of _____

vitamins - supplements M T W T F S S



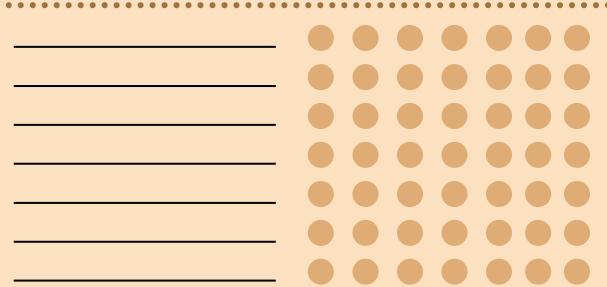
Week of _____

vitamins - supplements M T W T F S S



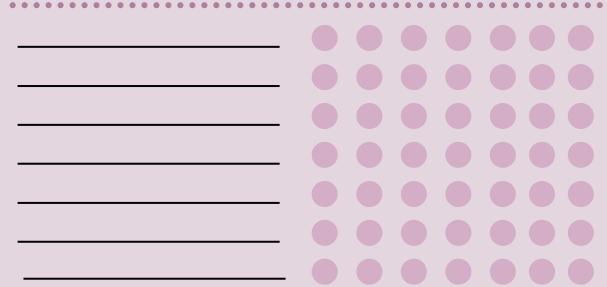
Week of _____

vitamins - supplements M T W T F S S



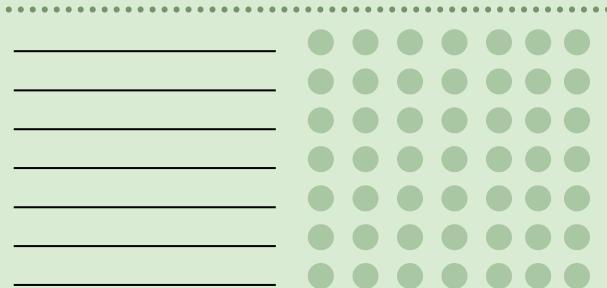
Week of _____

vitamins - supplements M T W T F S S



Week of _____

vitamins - supplements M T W T F S S



Notes

SLEEP TRACKER

MONTH OF:

YEAR:

PERSONAL WATER TRACKER

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	

MEAL TRACKER

PERIOD TRACKER

K E Y	
	SPOTTING
	LIGHT
	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

CYCLE LENGTH	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES

MOOD TRACKER

MANTRA OF THE YEAR

KEYS

- AMAZING
 - GOOD
 - PRODUCTIVE
 - AVERAGE
 - RELAXED
 - EXHAUSTED
 - DEPRESSED
 - BORED
 - SICK

NOTES

MEDICAL CONDITION

Date	Description	Treatment

Allergies & Medication

Notes

MEDICAL APPOINTMENT

Date	Description	Doctor	Notes

Appointment Notes

MEDICATION TRACKER

Medication

Purpose

Dosage

Start Date

Dose & Time

Stop Date

Side effects / notes

Medication

Purpose

Dosage

Start Date

Dose & Time

Stop Date

Side effects / notes

Notes

BLOOD SUGAR TRACKER

Week:

Date:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
B A	B A	B A	B A	B A	B A	B A

Week :

Date :

Sun	Mon	Tue	Wed	Thu	Fri	Sat
B A	B A	B A	B A	B A	B A	B A

Note:

- B = Before
- A = After

Doctor Visits

Date :

Time :

PATIENT : _____

AGE : _____

HOSPITAL : _____

HEIGHT : _____

DOCTOR : _____

WEIGHT : _____

CONTACT INFO : _____

HEART RATE : _____

LOCATION : _____

BLOOD PRESSURE : _____

REASON FOR VISIT

DOCTOR'S COMMENTS

PRESCRIPTION & INSTRUCTIONS

FOLLOW UP



DATE :

TIME :

Medical Expenses

Medical Contact List

NAME :

CONTACT :

ADDRESS :

SPECIALTIES :

EMAIL :

NOTES :

NAME :

CONTACT :

ADDRESS :

SPECIALTIES :

EMAIL :

NOTES :

NAME :

CONTACT :

ADDRESS :

SPECIALTIES :

EMAIL :

NOTES :

NAME :

CONTACT :

ADDRESS :

SPECIALTIES :

EMAIL :

NOTES :

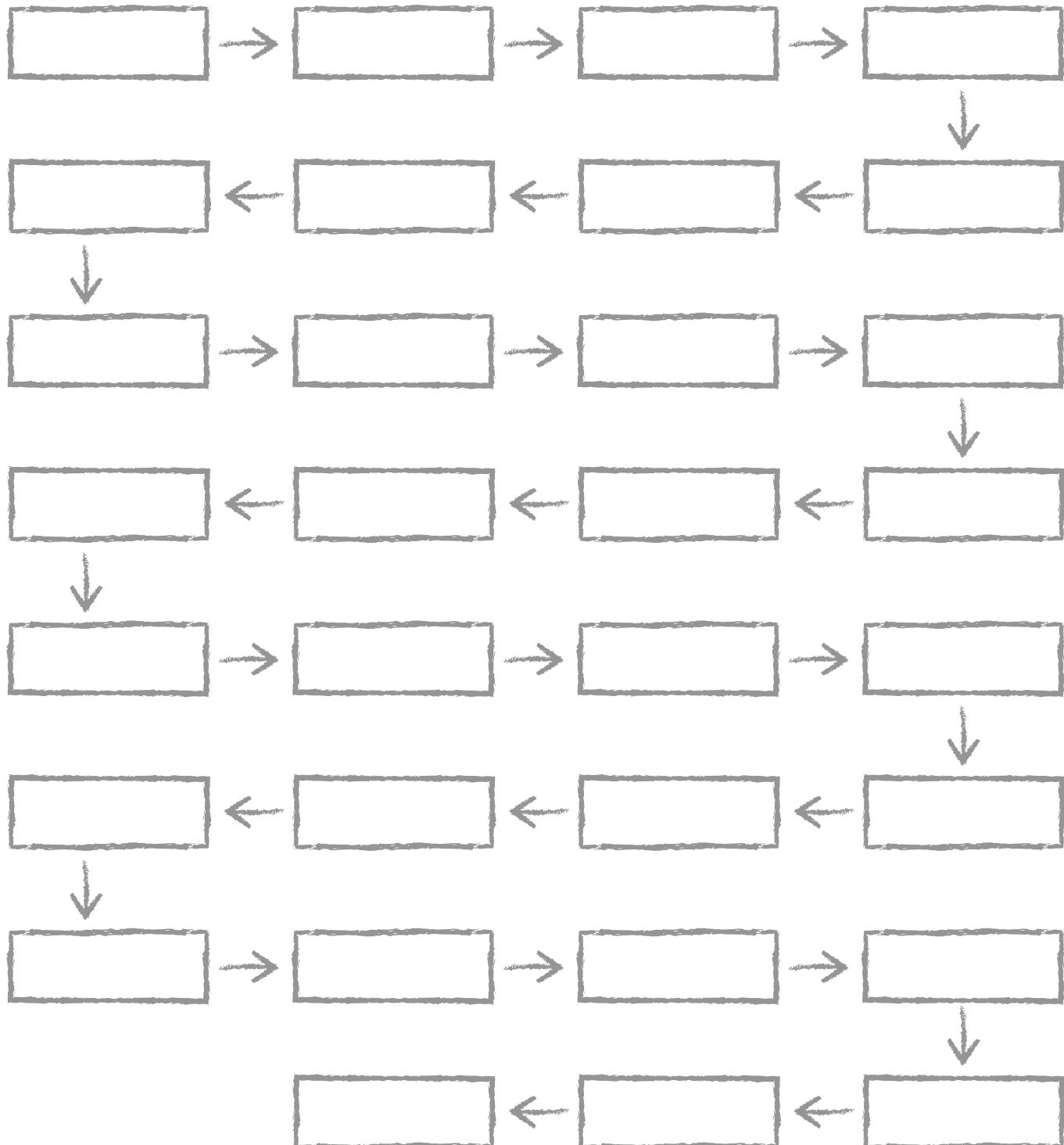
WEEKLY APPOINTMENT BOOK

TIME		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7 am	00							
	30							
8 am	00							
	30							
9 am	00							
	30							
10 am	00							
	30							
11 am	00							
	30							
12 pm	00							
	30							
1 pm	00							
	30							
2 pm	00							
	30							
3 pm	00							
	30							
4 pm	00							
	30							
5 pm	00							
	30							
6 pm	00							
	30							
7 pm	00							
	30							
8 pm	00							
	30							

WEIGHT TRACKER

STARTING WEIGHT : _____

GOAL WEIGHT : _____



NOTES :

FOOD TRACKER

DATE: _____

S M T W **T** F S

DAY	BREAKFAST
SUN	
MON	
TUE	
WED	
THU	
FRI	
SAT	

DAY	LUNCH
SUN	
MON	
TUE	
WED	
THU	
FRI	
SAT	

DAY	DINNER
SUN	
MON	
TUE	
WED	
THU	
FRI	
SAT	

DAY	SNACK
SUN	
MON	
TUE	
WED	
THU	
FRI	
SAT	

DAILY ROUTINE

SCHEDULE:

7:00

8:00

9:00

10:00

11:00

12:00

13:00

14:00

15:00

16:00

17:00

18:00

19:00

20:00

21:00

DATE:

S M **T** W T F S

WATER TRACKER:



MOOD:



DAILY GOAL:

(Empty box for daily goal entry)

TO DO LIST:

(Empty box for first task entry)

(Empty box for second task entry)

(Empty box for third task entry)

(Empty box for fourth task entry)

(Empty box for fifth task entry)

TODAY IS A GOOD DAY :)

GOAL TRACKER

MAIN GOAL

ACTION STEPS

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

GOAL 2

ACTION STEPS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

GOAL 3

ACTION STEPS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

GOAL 4

ACTION STEPS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

GOAL 5

ACTION STEPS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Exercise List

Date: ___/___/___

EXERCISE	REPS	SETS	✓
			<input type="radio"/>

NOTES

WEEKLY HEALTH PLANNER

DATE	MEDICATION	TIME	TAKEN
MON /
TUE /
WED /
THU /
FRI /
SAT /
SUN /

MEAL tracker

WEIGHT LOSS TRACKER

MONTH:

YEAR:

PREGNANCY WEIGHT TRACKER

Week 2		Week 15		Week 28	
Week 3		Week 16		Week 29	
Week 4		Week 17		Week 30	
Week 5		Week 18		Week 31	
Week 6		Week 19		Week 32	
Week 7		Week 20		Week 33	
Week 8		Week 21		Week 34	
Week 9		Week 22		Week 35	
Week 10		Week 23		Week 36	
Week 11		Week 24		Week 37	
Week 12		Week 25		Week 38	
Week 13		Week 26		Week 39	
Week 14		Week 27		Week 40	

DAILY FOOD LOG

DATE :				
FOOD	CALORIES	CARBS	FAT	PROTEIN
TOTALS				
NOTES				

CALORIE & MACRO TRACKER

MONTH OF :

TO-DO LIST

Personal Reflection

Bad Habits I need To Stop _____

Things I Regretted Not Doing _____

Things I Learned This Month _____

How To Be A Better Version Of Me _____

Cleaning Schedule

DAILY

-
-
-
-
-
-
-
-

WEEKLY



BI-WEEKLY



FOCUS AREA

-
- Outside
- Kitchen
- Bathroom
- Living room
- Dining room
- Bedroom
- Family room
- Play room
- Laundry

MONTHLY



BI-MONTHLY



CLEANING CHECKLIST

DAILY

M T W T F S S

WEEKLY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

BUCKET LIST

Travel

New Experiences

Exercise/Sports

Helping Others

Education

Notes

CHECKLIST

CHECKLIST 1

CHECKLIST 2

Self-care Journal

Daily Affirmation

Things I've
accomplished

Things I'm
thankful for

List of things to appreciate



Self-care Challenge

Write down
your goal

Drink enough
water

Eat healthy
food

Go for a
long walk

Spend time
alone

Sleep for
8 hours

Meditate for 5
minutes

Create a
new playlist

Cook your
favorite meal

Try a new
exercise

No TV night

Take a cold
shower

Walk in the
nature

Start
journaling

Do a quick
workout

Create a
mood board

Notes

BLOOD SUGAR LOG

NAME: _____ MONTH: _____

Appointments Calendar

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

Appointments Calendar

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

Medical History

Name :

Age :

Blood Group :

Primary Doctor :

Allergies :

Chronic Conditions :

HEALTH AND WEALTH

	MON	TUE	WED	THU	FRI	SAT	SUN
WEIGHT							
HOUSE OF SLEEP							
WATER INTAKE							
EXERCISE							
ENERGY							
MEALS							
OTHERS							

Blood Pressure Monitoring List

Month _____

BLOOD SUGAR TRACKER

Month: _____

DATE	LEVEL	TIME	NOTES

Patient's name: _____

Thank
you

