

A background image showing a person's hand holding a dumbbell in a gym setting. The hand is wearing a black and orange athletic glove. The dumbbell is silver and black. The background is a light blue-grey color with a grid pattern, possibly a gym floor or wall.

NUTRITION *Planner*

HEALTH OVERVIEW

PERSONAL INFORMATION

D.O.B:	BIRTHPLACE:
WEIGHT:	EYE COLOR:
HEIGHT:	GLASSES/CONTACTS:
BLOOD TYPE:	BIRTHMARK/SCARS:

MEDICAL CONDITION

CONDITION	DATE	TREATING

FOOD, DRUGS AND OTHER ALLERGIES

ALLERGY	TREATMENTS	DOSE

MEDICATION SUPPLEMENTS

MEDICATION	TAKEN FOR	DOSE

MEDICAL HISTORY

NAME:

BLOOD TYPE:

ALLERGIES:

DOCTORS:

CHRONIC CONDITIONS:

MEDICATIONS:

DATE	PREVIOUS MEDICAL CONDITIONS	TREATMENT

HEALTH JOURNAL

Discuss how and what is my HEALTH right now

Things that I seem to resist while doing what needs to be done, in
improving my health

My Thoughts & Feelings and where do my motivations come from

HEALTH GOALS

Ultimate Health Plans

①

②

③

Action Plans

	Action Plans	Duration	Notes
GOAL 1			
GOAL 2			
GOAL 3			

MONTHLY NUTRITION GOAL

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

NUTRITION & FITNESS GOALS

START DATE:	DURATION:	END DATE:
START WEIGHT:	GOAL WEIGHT:	FINAL WEIGHT:
START BMI:	GOAL BMI:	FINAL BMI:

MOTIVATION

NEW HABITS TO START	BAD HABITS TO STOP
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WEEKLY NUTRITIOUS FOOD PLANNER

SUNDAY

GROCERY LIST

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

WEEKLY NUTRITIOUS MENU

MENU NAME

SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDY		

NUTRITIOUS FOOD IDEAS BRAINSTORM

BREAKFAST

DESSERTS

LUNCH

DINNER

SNACKS

NUTRITIOUS FOOD FOR BREAKFAST

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

NUTRITIOUS FOOD FOR LUNCH

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

NUTRITIOUS FOOD FOR DINNER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

WEEKLY NUTRITION RESULTS

SUN	MON	TUE	WED	THUR	FRI	SAT

DAILY NUTRITION PLAN

WORKOUT
ROUTINE

MINDSET ACTIVITY

SELF CARE
ACTIVITY

FOOD NUTRITION RECIPE

RECIPE NAME:

COOK TIME:

PREP TIME:

SERVING:

INGREDIENTS:	NOTES
DIRECTIONS	

NUTRITION

CALORIES:

CARBS:

SODIUM:

PROTEINS:

FIBER:

CHOLESTEROL:

FAT:

SUGAR:

OTHER:

FOOD NUTRITION RECIPE

RECIPE NAME:

INGREDIENTS:	PREP TIME: _____	COOK TIME: _____	SERVING: _____
	DIRECTIONS:		

RECIPE NAME:

INGREDIENTS:	PREP TIME: _____	COOK TIME: _____	SERVING: _____
	DIRECTIONS:		

NUTRITIOUS FOOD JOURNAL

	BREAKFAST	LUNCH	DINNER	SNACKS	HYDRATION	NOTES
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

FOOD NUTRITION & HEALTH JOURNAL

	SUN	MON	TUE	WED	THU	FRI	SAT
HOURS/TIME SLEEP							
WOKEUP/ FEELING							
MOOD							
ENERGY							
PAIN							
STRESS							
ACTIVITIES							

NUTRITION CHANGES

NEED TO EAT

NEED TO REFUSE

NEW HEALTHY HABITS

ADD VITAMINS & DIETARY SUPPLEMENTS

30 - DAYS NUTRITION CHALLENGE

THE HABIT I AM CREATING/DESTROYING IS ...

CREATING/ DESTROYING THIS HABIT WILL CHANGE MY FUTURE BY...

AFFIRMATION STATEMENT ...

PLAN OF ACTION ...

30 - DAYS NUTRITION CHALLENGE

■	□	■	□	■	□
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30 - DAY NUTRITION CHALLENGE

CHALLENGE	DAY1 <input type="checkbox"/>	DAY2 <input type="checkbox"/>	DAY3 <input type="checkbox"/>	DAY4 <input type="checkbox"/>	DAY5 <input type="checkbox"/>
	DAY6 <input type="checkbox"/>	DAY7 <input type="checkbox"/>	DAY8 <input type="checkbox"/>	DAY9 <input type="checkbox"/>	DAY10 <input type="checkbox"/>
	DAY11 <input type="checkbox"/>	DAY12 <input type="checkbox"/>	DAY13 <input type="checkbox"/>	DAY14 <input type="checkbox"/>	DAY15 <input type="checkbox"/>
REWARD	DAY16 <input type="checkbox"/>	DAY17 <input type="checkbox"/>	DAY18 <input type="checkbox"/>	DAY19 <input type="checkbox"/>	DAY20 <input type="checkbox"/>
	DAY21 <input type="checkbox"/>	DAY22 <input type="checkbox"/>	DAY23 <input type="checkbox"/>	DAY24 <input type="checkbox"/>	DAY25 <input type="checkbox"/>
	DAY26 <input type="checkbox"/>	DAY27 <input type="checkbox"/>	DAY28 <input type="checkbox"/>	DAY29 <input type="checkbox"/>	DAY30 <input type="checkbox"/>

CHALLENGE	DAY1 <input type="checkbox"/>	DAY2 <input type="checkbox"/>	DAY3 <input type="checkbox"/>	DAY4 <input type="checkbox"/>	DAY5 <input type="checkbox"/>
	DAY6 <input type="checkbox"/>	DAY7 <input type="checkbox"/>	DAY8 <input type="checkbox"/>	DAY9 <input type="checkbox"/>	DAY10 <input type="checkbox"/>
	DAY11 <input type="checkbox"/>	DAY12 <input type="checkbox"/>	DAY13 <input type="checkbox"/>	DAY14 <input type="checkbox"/>	DAY15 <input type="checkbox"/>
REWARD	DAY16 <input type="checkbox"/>	DAY17 <input type="checkbox"/>	DAY18 <input type="checkbox"/>	DAY19 <input type="checkbox"/>	DAY20 <input type="checkbox"/>
	DAY21 <input type="checkbox"/>	DAY22 <input type="checkbox"/>	DAY23 <input type="checkbox"/>	DAY24 <input type="checkbox"/>	DAY25 <input type="checkbox"/>
	DAY26 <input type="checkbox"/>	DAY27 <input type="checkbox"/>	DAY28 <input type="checkbox"/>	DAY29 <input type="checkbox"/>	DAY30 <input type="checkbox"/>

MONTHLY MEAL PLAN

SUN	MON	TUE	WED	THU	FRI	SAT

BREAKFAST

LUNCH

DINNER

MEALS TO TRY			

WEEKLY MEAL PLAN

Monday	B
	L
	D
Tuesday	B
	L
	D
Wednesday	B
	L
	D
Thursday	B
	L
	D
Friday	B
	L
	D
Saturday	B
	L
	D
Sunday	B
	L
	D

SHOPPING LIST	
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B - Breakfast L - Lunch D - Dinner

DAILY MEAL PLAN







Breakfast		

Snack		

Lunch		

Snack		

Dinner		

GRAINS						
DAIRY						
VIT						
H2O						

VEGGIES
FRUITS
PROTEIN
CARBS
CARBS

WEEKLY MEAL BUDGET

Monday	Tuesday	Wednesday	Thursday
<p>Budget</p>	<p>Budget</p>	<p>Budget</p>	<p>Budget</p>

Friday	Saturday	Sunday	DESSERT IDEAS
<p>Budget</p>	<p>Budget</p>	<p>Budget</p>	<p>Budget</p>

NEW RECIPES TO TRY

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BREAKFAST IDEAS

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LUNCH IDEAS

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SNACK IDEAS

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FOOD LOG

FOOD	AMOUNT	CALORIES	PROTEINS	CARBS	FIBER	FAT	SUGAR

FOOD DIARY

DATE:	CALORIES GOAL:
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TIME/MEAL	FOOD/DRINK	AMOUNT	CALORIES	NOTES

DIET PLANNER

DIET TYPE:	STARTING DATE:
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FOODS TO EAT	FOODS TO AVOID

DIET LOG

FOOD	AMOUNT	CALORIES	CARBS	SUGAR	PROTEINS	FAT

ANNUAL CALORIES TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
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6												
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27												
28												
29												
30												

MACRO TRACKER

	CALORIES	CARBS	PROTEIN	FAT	FIBER
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

FASTING LOG

DATE	FASTING HOURS	EATING HOURS	RATIO	NOTES

EATING HABIT TRACER

HABITS	SUN	MON	TUE	WED	THU	FRI	SAT

INTUITIVE EATING

TIME BEFORE/ AFTER EATING	HUNGER	FOOD/DRINK	FEELINGS/MOTION

PANTRY INVENTORY

DATE	ITEMS	QTY	EXP. DATE

FREEZER INVENTORY

DATE	MEAT/FISH	VEGETABLES/FRUITS	READY TO EAT

FRIDGE INVENTORY

DATE	MEAT/FISH	VEGETABLES/FRUITS	DAIRY/EGGS	READY TO EAT

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENTS

INSTRUCTION:

RECIPE TRACKER

RECIPE	PREP/COOK TIME	RATING
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
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		☆ ☆ ☆ ☆ ☆
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		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENT

INSTRUCTION:

HEALTHY RECIPE

TITLE: _____

INGREDIENTS

PREPARATIONS

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

FOOD BUDGET PLANNER

INCOME	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

FIXED EXPENSES	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

SPENDING	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

VITAMINS & SUPPLEMENTS

WEEK OF: _____

ITEM	DOSAGE	TIME	S	M	T	W	T	F	S

WEEKLY VITAMIN INTAKE

WEEK OF: _____

VITAMINS	SUN	MON	TUE	WED	THU	FRI	SAT

VITAMIN TRACKER

WEEK OF: _____

VITAMIN	DOSAGE	TIME	S	M	T	W	T	F	S

MEDICATION SCHEDULE

DATE	TIME	MEDICATION GIVEN	ANY WASTED?

FITNESS GOAL TRACKER

1.

2.

3.

ACTION STEPS

1.

2.

3.

4.

5.

PHYSICAL MONTHLY SCHEDULE

WEEK 1

WEEK 2

WEEK 3

WEEK 4

NOTES

MONTHLY WEIGHT TRACKER

WEEK	DATE	WEIGHT	LOSS / GAINED	NOTES

WEIGHT TRACKER

STARTING WEIGHT:

WEEK	DATE	WEEK	CHANGE

HABIT TRACKER

HABIT: _____

DATE	PROGRESS

DAILY PLANNER

TASKS

1	_____	<input type="checkbox"/>
2	_____	<input type="checkbox"/>
3	_____	<input type="checkbox"/>
4	_____	<input type="checkbox"/>
5	_____	<input type="checkbox"/>

SCHEDULE

TIME	DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DIET

FOOD	CARB	PRO	FAT	CALS
	_____	_____	_____	_____
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
TOTAL	_____	_____	_____	_____

MEAL PLANNER

BREAKFAST: _____

SNACKS: _____

LUNCH: _____

SNACKS: _____

DINNER: _____

SNACKS: _____

ACTIVITY

MIN

CALS

ACTIVITY	MIN	CALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WATER INTAKE



SLEEP TRACKER

OF HRS: _____ ENERGY: ☆☆☆☆☆

I am grateful for _____

Affirmation, I am _____

Mindful of _____

MOOD OF THE DAY:

DAILY & WEEKLY PLANNER

MONTH OF: _____

FOOD	SUN	MON	TUE	WED	THU	FRI	SAT

DAILY TRACKER

DATE: _____

BREAKFAST	LUNCH	SNACKS	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

DAILY PRIORITY LIST

PRIORITIES

NUTRITION VISION BOARD

