

WELLNESS

TRACKER



LE SACHI

Collective

HABIT TRACKER

Month:

Week:

Description of new habit

3 REASONS WHY I WANT TO START THIS HABIT

1

2

3

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 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 |

Reward for
accomplishing

What might stop me

What will keep me going



WEEKLY HABIT TRACKER

Month:

Week:

HABIT -

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

HABIT -

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

HABIT -

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

HABIT -

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

HABIT -

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



MONTHLY HABIT TRACKER

Habit -

Why is this important to me?

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 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 |

Habit -

Why is this important to me?

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 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 |



MOOD TRACKER

Month: _____

EMOTIONS

NOTES

-  **Happy**
-  **Anxious**
-  **Excited**
-  **Angry**
-  **Frustrated**
-  **Calm**
-  **Relaxed**
-  **Peaceful**
-  **Annoyed**
-  **Moody**
-  **Joyful**
-  **Overwhelmed**

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| WEEK 1 | | | | | | | |
| WEEK 2 | | | | | | | |
| WEEK 3 | | | | | | | |
| WEEK 4 | | | | | | | |
| WEEK 5 | | | | | | | |



PERIOD TRACKER

KEY

CYCLE LENGTHS

| | | | |
|-----|--|------|--|
| JAN | | JUL | |
| FEB | | AUG | |
| MAR | | SEPT | |
| APR | | OCT | |
| MAY | | NOV | |
| JUN | | DEC | |

AVERAGE PERIOD LENGTH

-

NOTES

| | J | F | M | A | M | J | J | A | S | O | N | D |
|----|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | | | | | |



MONTHLY MEAL PLAN

MONTH - _____

| | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 | WEEK 5 |
|-----------|--------|--------|--------|--------|--------|
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| SATURDAY | | | | | |
| SUNDAY | | | | | |



WEEKLY MEAL PLAN

| MONDAY | TUESDAY | WEDNESDAY |
|-----------|-----------|-----------|
| BREAKFAST | BREAKFAST | BREAKFAST |
| LUNCH | LUNCH | LUNCH |
| DINNER | DINNER | DINNER |
| SNACKS | SNACKS | SNACKS |
| DRINKS | DRINKS | DRINKS |

| THURSDAY | FRIDAY | SATURDAY |
|-----------|-----------|-----------|
| BREAKFAST | BREAKFAST | BREAKFAST |
| LUNCH | LUNCH | LUNCH |
| DINNER | DINNER | DINNER |
| SNACKS | SNACKS | SNACKS |
| DRINKS | DRINKS | DRINKS |

| SUNDAY | MEAL IDEAS |
|-----------|------------|
| BREAKFAST | |
| LUNCH | |
| DINNER | |
| SNACKS | |
| DRINKS | |



SHOPPING LIST

MEAT

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

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"/> |

FRUIT & VEG

| | |
|-------|--------------------------|
| _____ | <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"/> |

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"/> |

BAKERY

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

PANTRY

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

HOUSEHOLD

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

OTHER

| | |
|-------|--------------------------|
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> |

NOTES



WORKOUT TRACKER

Month:

Week:

MONDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

TUESDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WEDNESDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:



WORKOUT TRACKER

Month: _____

Week: _____

THURSDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

FRIDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

SATURDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:



WORKOUT TRACKER

Month: _____

Week: _____

SUNDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WORKOUT RESULTS

DATE:

CURRENT WEIGHT:

HOW I'M FEELING

Chest

Upper arm

Waist

Hips

Thigh

Calf

Bum

Neck



SELF-CARE ROUTINES

MORNING ROUTINE

| | M | T | W | T | F | S | S |
|--|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

EVENING ROUTINE

| | M | T | W | T | F | S | S |
|--|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



VITAMIN TRACKER

| Vitamin | | | Time | Dose | Week | |
|---------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Notes | | | | | | |
| | | | | | | |

| Vitamin | | | Time | Dose | Week | |
|---------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Notes | | | | | | |
| | | | | | | |

| Vitamin | | | Time | Dose | Week | |
|---------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Notes | | | | | | |
| | | | | | | |



EMERGENCY NUMBERS

Doctor/GP -

Paediatrician -

Ambulance -

Police -

Fire -

Dentist -

Vet -

Gynaecologist -

Psychologist -

Psychiatrist -

Plumber -

First aid kit location -

| Name | Relation/reason | Contact |
|------|-----------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

