

WELLNESS PLANNER PRINTABLE REFILLS

WELLNESS SHOULDN'T STOP WHEN YOU RUN OUT OF PAGES

1

**Print pages on 8.5x11" paper at actual size
(try using your favorite colored cardstock)**

2

Cut in half on the dotted line

3

**With an individual hole-punch,
align + punch with the circle guides**

ONE DAY AT A TIME

DATE

INTENTION	PRIORITIES	TO-DO
AFFIRMATION		
CALL / EMAIL	THIS CAN WAIT	

NOTES

ONE DAY AT A TIME

DATE

INTENTION	PRIORITIES	TO-DO
AFFIRMATION		
CALL / EMAIL	THIS CAN WAIT	

NOTES

WATER TRACKER

WEEK

GOAL	KEY
	<input type="checkbox"/> = OUNCES/MILLILITERS

MON																				
TUE																				
WED																				
THU																				
FRI																				
SAT																				
SUN																				

HOW DID YOU DO?	HOW DO YOU FEEL?

NOTES

WATER TRACKER

WEEK

GOAL	KEY
	<input type="checkbox"/> = OUNCES/MILLILITERS

MON																				
TUE																				
WED																				
THU																				
FRI																				
SAT																				
SUN																				

HOW DID YOU DO?	HOW DO YOU FEEL?

NOTES

ACTIVITY TRACKER

WEEK

GOALS

MON	TUE	WED
THU	FRI	SAT
SUN	HOW DO YOU FEEL?	

ACTIVITY TRACKER

WEEK

GOALS

MON	TUE	WED
THU	FRI	SAT
SUN	HOW DO YOU FEEL?	

GROCERY LIST

WEEK

VEGETABLES	FRUIT	PROTEINS
GRAINS	NUTS/SEEDS	DRINKS
ESSENTIALS	SNACKS	OTHER

NOTES

MEAL PLANNING

WEEK

GOALS

MON	TUE	WED
THU	FRI	SAT
SUN	SNACKS	

EMOTION	TRIGGER	EFFECTS
WHAT DOES IT FEEL LIKE?		

EMOTION	TRIGGER	EFFECTS
WHAT DOES IT FEEL LIKE?		

EMOTION	TRIGGER	EFFECTS
WHAT DOES IT FEEL LIKE?		

EMOTION	TRIGGER	EFFECTS
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WHAT DOES IT FEEL LIKE?		

EMOTION	TRIGGER	EFFECTS
WHAT DOES IT FEEL LIKE?		

WHAT	WHEN	NOTES
WHY	DOSAGE	

WHAT	WHEN	NOTES
WHY	DOSAGE	

WHAT	WHEN	NOTES
WHY	DOSAGE	

WHAT	WHEN	NOTES
WHY	DOSAGE	

WEEKLY TRACKER

WEEK

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

NOTES

CYCLE TRACKER

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
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○ SPOTTING • LIGHT •• MEDIUM ••• HEAVY

SYMPTOM TRACKER

Choose a sticker to create your own key based on the premenstrual symptoms that you experience and add them to the calendar for each month to help give you better understanding of your cycle.

- ACNE
- ANXIETY
- BLOATING
- CRAMPING
- CLUMSINESS
- CHANGE IN APPETITE
- DEPRESSION
- DIFFICULTY SLEEPING
- NAUSEA
- HEADACHE
- HOT FLASHES
- IRRITABILITY
- LETHARGY
- LOW SELF-ESTEEM
- SENSITIVITY TO SMELLS
- TENDERNESS
- TROUBLE FOCUSING
