

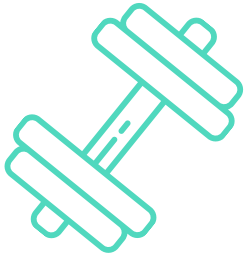


ONE STEP FORWARD

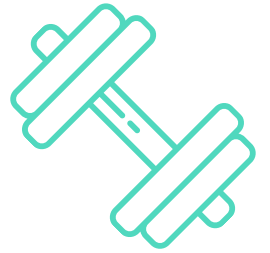
with

nutrimuscle®

MY FITNESS JOURNAL



Monthly goals



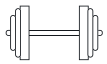
MIND GOALS

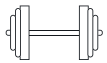


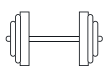




BODY GOALS







NUTRITION GOALS







Daily check in

DATE _____

TODAY'S ROUTINE

TODAY'S AFFIRMATION

TODAY I FELT



WHAT I WANT TO REMEMBER ABOUT TODAY

FOOD TRACKER

BEST THINGS ABOUT TODAY

HOW TO IMPROVE

MY RANKING OF TODAY



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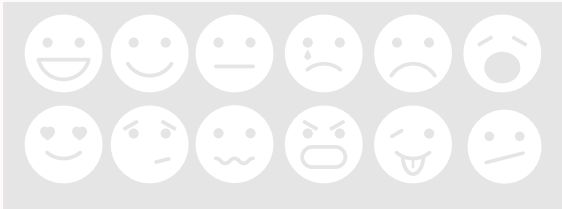
TOP 3 THINGS I DID THIS WEEK

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○

○

THIS WEEK I FELT



NEXT WEEK'S GOALS AND PRIORITIES

HABITS TRACKER

Cardio workout	○	○	○	○	○	○	○
Meditation	○	○	○	○	○	○	○
Yoga	○	○	○	○	○	○	○
Went for a walk	○	○	○	○	○	○	○
Met a friend	○	○	○	○	○	○	○
Social Media break	○	○	○	○	○	○	○
Hydration	○	○	○	○	○	○	○
Medication	○	○	○	○	○	○	○
Journaling	○	○	○	○	○	○	○
Strength training	○	○	○	○	○	○	○
Healthy eating	○	○	○	○	○	○	○
Sleep	○	○	○	○	○	○	○
Energy	○	○	○	○	○	○	○
Hobbies	○	○	○	○	○	○	○

BEST FOOD I ATE

WEEKLY ACHIEVEMENTS

MY RANKING OF THE WEEK




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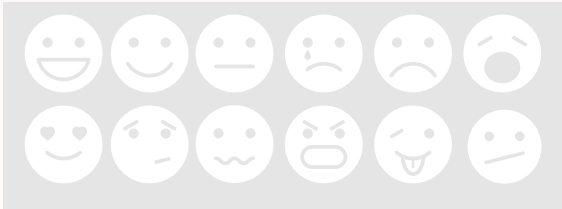
TOP 3 THINGS I DID THIS WEEK

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THIS WEEK I FELT



NEXT WEEK'S GOALS AND PRIORITIES

HABITS TRACKER

Cardio workout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went for a walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEST FOOD I ATE

WEEKLY ACHIEVEMENTS

MY RANKING OF THE WEEK




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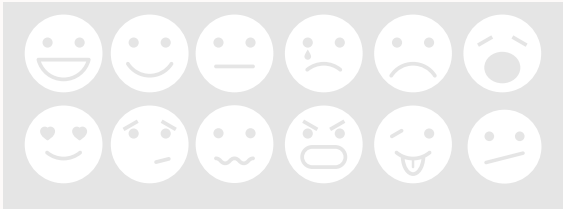
TOP 3 THINGS I DID THIS WEEK

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THIS WEEK I FELT



NEXT WEEK'S GOALS AND PRIORITIES

HABITS TRACKER

Cardio workout	○	○	○	○	○	○	○
Meditation	○	○	○	○	○	○	○
Yoga	○	○	○	○	○	○	○
Went for a walk	○	○	○	○	○	○	○
Met a friend	○	○	○	○	○	○	○
Social Media break	○	○	○	○	○	○	○
Hydration	○	○	○	○	○	○	○
Medication	○	○	○	○	○	○	○
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Strength training	○	○	○	○	○	○	○
Healthy eating	○	○	○	○	○	○	○
Sleep	○	○	○	○	○	○	○
Energy	○	○	○	○	○	○	○
Hobbies	○	○	○	○	○	○	○

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TODAY'S NUTRITION



Date:

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Daily check in

DATE _____

TODAY'S ROUTINE

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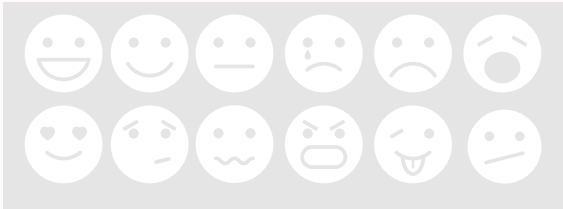
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NEXT WEEK'S GOALS AND PRIORITIES

HABITS TRACKER

Cardio workout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Went for a walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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