

# *W*alks *O*ptimize *W*ellness Journal and 8-Week Walking Checklist

*Lifestyle*

**WALK**  
*For*  
**Wellness**

*Journal*

*Belongs to:*

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# Walks Optimize Wellness Journal Instructions

How to use your Walks Optimize Wellness Journal to get the best results and achieve your walking and healthy lifestyle goals. It is a simple process all laid out for you in the checklists provided for a period of 8 weeks.

1. Start by inserting the Month and the Year at the top of the page.
2. Then insert the dates of the week under each day of the week. It is best and more accurate if you complete the checklist at the end of the day.
3. Circle if you walked indoors or outdoors, and both, if your walking was indoors and outdoors. You can either list your time in hours and minutes, and/or list how many steps you took for the day, use your pedometer, if you have one..
4. Now you are ready to put a check in each box that is appropriate for the question listed in the left column. To keep track of how much water you drink, it is suggested you drink from a water bottle of which you know how many ounces it holds. It will then be easier to multiply the number of bottles you drank by the number of ounces in the bottle.
5. You can list your goals or make quick notes in the bottom right-hand corner of each page, or write more details on the pages provided at the back of this journal. The goals and notes will help you see the progress you have made.

As you can see, the questions incorporate things you can do to help with your health, happiness and harmonious living by asking about your eating/nutrition, your socialization for emotional health, spiritual wellbeing, and self-love. There are a few Tips on each page to help you on your journey.

Know that the first entry you make in this journal is the first day of your journey to developing a lifelong healthy lifestyle. After following the daily checklists for 8 consecutive weeks, you have laid the foundation *your* lifelong healthy lifestyle!

You provide the desire and the dedication, this journal provides you with a source of inspiration and help for your journey. It is set up as an 8-week program, but obviously you are encouraged to continue well beyond eight weeks so it becomes a regular part of your lifestyle. When you use it every day, it will help to mold your walking efforts into a happy, healthier and harmonious lifestyle, all while having fun with a primary focus on your best life! Your end result will be experiencing the Joys of Aging.

You are encouraged to use the first Notes page to jot down YOUR vision of your walking goals and healthy future. Your vision is your behavioral image of yourself in the future, allowing you to make modifications as needed. Your vision helps you to come up with goals that will help you increase your walking capability to the level of your vision. Remember, proceed at your own pace. Do not compare yourself to anyone else. This is YOUR journey ...Enjoy it! Little changes lead to BIG results!

# Walks Optimize Wellness Checklist

*This WOW Checklist provides you with practical habits you can easily incorporate into your daily routine for a more happy, healthy life. Always consult your health care provider before making any radical health changes.*

Daily Wellness/Wellbeing Checklist for the Month of _____ Year _____								Other Lifestyle Tips
<i>Friendly reminders for your wellness journey</i>	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
<b>WEEK ONE</b> <small>(Insert dates)</small>	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WEEK TWO</b> <small>(Insert dates)</small>	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Keep your body active. Being active helps control and/or prevent many chronic diseases.

2. Know that it is *never too late* to make healthier dietary changes.

3. Keep your brain active. Learn new things that challenge your mind to help keep your brain healthy.

4. Age in positive thoughts of gratitude. Live in appreciation, you will never be regretful or worried.

5. Speak and think positive thoughts, they will build your mental, physical and spiritual health.

6. Share your positive life experiences, skills and knowledge with a younger person/generation.

7. Reach out to others, no matter how small the act of kindness.

*“Love Yourself Enough to Live a Healthy Lifestyle!”*

My Goals/Notes: \_\_\_\_\_

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Daily Wellness/Wellbeing Checklist for the Month of _____ Year _____								Reasons to Walk
Friendly reminders for your wellness journey	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
<b>WEEK THREE</b> (Insert dates)	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WEEK FOUR.</b> (Insert dates).	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- Helps prevent and reduce high blood pressure.
- Helps to reduce having a stroke by up to 50%.
- Helps to prevent and reduces the possibility of having a heart attack by up to 86% ... when combined with healthy lifestyle choices.
- You burn calories!
- Improves your circulation.
- Helps with weight loss and maintenance a desired weight.
- Helps improve balance and prevent falls.
- Helps to manage arthritis.
- Helps to. Reduce inflammation.
- Can helps to prevent migraine headaches.
- Can help alleviate back problems.
- Helps fight fatigue.

***"Change Your Mind, Change Your Life!"***

My Goals/Notes: \_\_\_\_\_

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# Walks Optimize Wellness Checklist

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Daily Wellness/Wellbeing Checklist for the Month of _____ Year _____								Inspirational Motivation
Friendly reminders for your wellness journey	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
<b>WEEK FIVE</b> (Insert dates)	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WEEK SIX</b> (Insert dates)	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. Live life to the fullest and focus on the positive.

2. Small positive lifestyle changes bring BIG healthy results.

3. Love yourself enough to make better healthy choices.

4. Envision your best self, believe it and trust yourself that you can achieve it.

5. Start where you are, do the best you can ... your best will get better.

6. It is never too late to choose healthier lifestyle options.

7. Good health is priceless wealth, invest wisely for a big payoff.

8. Be Happy, stay healthy and live in harmony with Mother Nature.

9. Nothings looks as good as healthy feels.

10. Eating healthy may cost you a little more, but eating unhealthy can cost your life.

My Goals/Notes: \_\_\_\_\_

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Daily Wellness/Wellbeing Checklist for the Month of _____ Year _____								Healthy Habits Help
Friendly reminders for your wellness journey	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
<b>WEEK SEVEN</b> (Insert dates)	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WEEK EIGHT</b> (Insert dates).	/	/	/	/	/	/	/	
How long or how far did you walk today – indoors/outdoors?								
Did you eat fresh fruits & vegetables today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drank at least 6 8oz glasses of water today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many ounces of water have you had today?	—	—	—	—	—	—	—	
Have you spoken positively with a friend or loved-one today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have you had meditation or prayer time today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspired or encouraged someone today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you given someone a smile today ... including yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- Just a 20-minute walk, three days a week can result in 20% higher energy levels and less feelings of fatigue.
- To achieve 30 minutes a day of walking, break your sessions into three 10-minutes walks.
- Walk with good posture. Stand tall.
- Relax your shoulders. Bend your arms at a 90-degree angle.
- Swing your arms in rhythm with your stride. It helps to propel you forward.
- Have happy thoughts.
- Develop a walking routine.
- Do some of the following exercises to help you walk better:
  - Resistance Exercises
  - Repeated Chair Stands
  - Ride s Stationary Bike
- Be mindful of your purpose.
- Don't think about it ... ***JUST DO IT!***

My Goals/Notes: \_\_\_\_\_

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