

Name: \_\_\_\_\_

# January 2018

There is no better time than  
*Now*  
to start living a healthy life

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>
	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>				
Challenge:  Try a new form of exercise 4 times. You might even find a new favorite for the year!							
							
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
• • •	Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:		

Name: \_\_\_\_\_

# February 2018

Fall in love with  
Taking care of  
*Yourself*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
My motivation and inspiration this month:  •  •  •				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	
	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	
Challenge:  Drink 8 glasses of water per day. Track your progress by checking the box for each day that you accomplish your goal!	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	
	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>					
	<b>My Goals:</b>		<b>Total Workouts</b>		<b>Beginning-of-Month Measurements</b>		<b>End-of-Month Measurements</b>	
	• • •		Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

Name: \_\_\_\_\_

# March 2018

You are a lot  
*Stronger*  
Than you think

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •				1	2	3	4
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	6	7	8	9	10	11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	13	14	15	16	17	18
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Squat challenge! Start by doing as many squats as you can comfortably do. Add a few every day and see how strong you get!	19	20	21	22	23	24	25
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26	27	28	29	30	31	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							
My Goals:	Total Workouts			Beginning-of-Month Measurements		End-of-Month Measurements	
• • •	Goal:  Actual:			Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

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# April 2018

Beauty begins the moment  
You decide to  
*Be yourself*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •							1
							1
	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Eat a healthy breakfast every day this month.	9	10	11	12	13	14	15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	17	18	19	20	21	22
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23	24	25	26	27	28	29
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30						
	<input type="checkbox"/>						
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
• • •	Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:		

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# May 2018

You may not be there yet  
But you are closer than you were  
*yesterday*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
My motivation and inspiration this month:  •  •  •		1	2	3	4	5	6	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7	8	9	10	11	12	13	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	14	15	16	17	18	19	20	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Challenge:  Find a walking buddy! Take a walk together at least 4 times this month.	21	22	23	24	25	26	27	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	28	29	30	31				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<b>My Goals:</b>		<b>Total Workouts</b>		<b>Beginning-of-Month Measurements</b>		<b>End-of-Month Measurements</b>	
	• • •		Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

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# June 2018

See what happens when  
*You don't give up*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •					1	2	3
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	5	6	7	8	9	10
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11	12	13	14	15	16	17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Stretch for 10 minutes every day. You can do this while listening to music, watching T.V. or winding down for bed.	18	19	20	21	22	23	24
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25	26	27	28	29	30	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							
My Goals:	Total Workouts			Beginning-of-Month Measurements		End-of-Month Measurements	
• • •	Goal:  Actual:			Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

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# July 2018

Don't eat less  
*Eat right*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •							1
							<input type="checkbox"/>
	2	3	4	5	6	7	8
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Eat 5 servings of fruits and vegetables for 20 days this month.	9	10	11	12	13	14	15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16	17	18	19	20	21	22
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23	24	25	26	27	28	29
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	30	31					
	<input type="checkbox"/>	<input type="checkbox"/>					
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
• • •	Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:		

Name: \_\_\_\_\_

# August 2018

*Stay consistent*  
And results will follow

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
My motivation and inspiration this month:  •  •  •			1	2	3	4	5	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6	7	8	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	13	14	15	16	17	18	19	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Challenge:  Go for a walk every day this month- even if it's just a short one.	20	21	22	23	24	25	26	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	27	28	29	30	31			
	<input type="checkbox"/>							
	<b>My Goals:</b>		<b>Total Workouts</b>		<b>Beginning-of-Month Measurements</b>		<b>End-of-Month Measurements</b>	
	• • •		Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

Name: \_\_\_\_\_

# September 2018

It won't be easy  
But it will be  
*Worth it*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:			1	2	3	1	2
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	•	3	4	5	6	7	8
•	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	10	11	12	13	14	15	16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Cut out added sugar for 20 days this month. Replace sweets with whole fruits or 100% fruit juice.	17	18	19	20	21	22	23
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24	25	26	27	28	29	30
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
•	Goal:		Weight:		Weight:		
•	Actual:		Waist:		Waist:		
•			Hip:		Hip:		
			Other:		Other:		

Name: \_\_\_\_\_

# October 2018

A goal without a  
*Plan*  
Is just a  
*Wish*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>
	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>
	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>				
Challenge:  Log 5,000 steps per day for 20 days. Need a step counter? Call 800-508-2222 for a Ladies First pedometer.							
							
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
• • •	Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:		

Name: \_\_\_\_\_

# November 2018

*Motivation*  
Is what gets you started  
*Habit*  
Is what keeps you going

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>
	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>
	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>
	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>		
Challenge:  Aim to get 7-9 hours of sleep per night for 20 nights.							
	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>
	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>		
							
My Goals:	Total Workouts			Beginning-of-Month Measurements		End-of-Month Measurements	
• • •	Goal:  Actual:			Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:	

Name: \_\_\_\_\_

# December 2018

*Believe*  
You can, and you are  
*Halfway there*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My motivation and inspiration this month:  •  •  •						1	2
						<input type="checkbox"/>	<input type="checkbox"/>
	3	4	5	6	7	8	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	11	12	13	14	15	16
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenge:  Add a serving of vegetable to every meal. *Bonus* Update a favorite holiday recipe with healthy ingredients.	17	18	19	20	21	22	23
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24	25	26	27	28	29	30
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	31						
	<input type="checkbox"/>						
My Goals:	Total Workouts		Beginning-of-Month Measurements		End-of-Month Measurements		
• • •	Goal:  Actual:		Weight:  Waist:  Hip:  Other:		Weight:  Waist:  Hip:  Other:		