



YOUR GOALS FOR TODAY
JOURNAL

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A JOURNAL FOR DAILY AWARE AND CHANGES

YOUR LIFE IS A SERIES OF ACTIONS THAT YOU INITIATE OR NOT INITIATE, PERIOD.

MORNING INTENTIONS / BEFORE COMING OUT OF YOUR BED

WHAT ARE YOU GRATEFUL FOR?

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HOW ARE YOU VISUALIZING YOUR DAY?

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.....

YOUR GOALS FOR TODAY. YOU WILL ACCOMPLISH THEM (NO EXCUSES)

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HABIT TRACKER

S M T W T F S

GRATITUDE

DISPLAY

OBJECTIVES



ACTIONS TO TAKE FOR NEW CHANGES

TAKE A MOMENT:

WEEK OF: _____

FUN

S	M	T	W	T	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELAXATION

<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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REFLECTIONS FOR THE NIGHT / DID YOU FOLLOW:

MORNING INTENTIONS

<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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TONGUE SCRAPER

<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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WARM WATER WITH LIME

<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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WORKOUT / MIDDAY:

FOOD COOKED AT HOME

<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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MINDFUL EATING

<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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REDUCE ONE THING THAT YOU KNOW IS NOT HEALTHY FOR YOU

<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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DRINK WATER, HOW MUCH?

<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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CONSCIOUS BREATHING, ESPECIALLY IF STRESS

<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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ACTIONS TO TAKE FOR NEW CHANGES

WORKOUT / NIGHT:

WEEK OF: _____

	S	M	T	W	T	F	S
FRESH AIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMILE, LAUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME TO YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME WITH FRIENDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUALIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW WAS YOUR NUTRITION TODAY? / EXPLAIN:

	WATER AND TEA	WHOLE GRAINS	GRAINS	VEGETABLES
S
M
T
W
T
F
S

HOW DID YOU FEEL TODAY? / MOOD:

ENERGY (LOW MEDIUM HIGH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAVINGS (LOW MEDIUM HIGH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



REFLECTIONS

WHAT DID YOU APPRECIATE OF YOURSELF TODAY?

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WHAT ARE THE THINGS THAT YOU DISCOVER THAT DOESN'T SERVE YOU?

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WHERE YOU MINDFUL WITH THE CHOICES THAT YOU TOOK TODAY?

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WHAT IS THE LOVING THOUGHT BEFORE YOU GO TO BED, ANYTHING YOU FEEL IN YOUR HEART

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