

FITNESS PLANNER



MPossible Media

DAILY WORKOUT PLAN

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
ACTIVITIES			REPS	

WORKOUT TRACKER

Month: _____

Week: _____

MONDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

TUESDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WEDNESDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WORKOUT TRACKER

Month: _____

Week: _____

THURSDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

FRIDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

SATURDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WORKOUT TRACKER

Month:

Week:

SUNDAY

EXERCISE:

MUSCLE GROUP:

TOTAL TIME:

CALORIES BURNED:

HOW I FEEL:

WORKOUT RESULTS

DATE:

CURRENT WEIGHT:

HOW I'M FEELING

Chest

Upper arm

Waist

Hips

Thigh

Calf

Bum

Neck

FITNESS GOALS

Why I want this

Short term goals



Long term goals



Milestone

Reward

FITNESS GOALS

Goal	Action Steps
Start	End
Progress	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

[illegible]

Goal	Action Steps
Start	End
Progress	○○○○○○○○○○○○○○○○○○○

GOALS AND REFLECTIONS

My Goal

Action steps

My why

YES

Did I reach my goal?

NO

What went well?

Do more of...

Do less of...

How do I feel?

Diet
Discipline
Wellness
Motivation
Energy

Going forward I will...

WORKOUT TRACKER

12 WEEK CHALLENGE

START DATE:

GOAL:

WEEK 1

GOAL:

ACTUAL:

WEEK 2

GOAL:

ACTUAL:

WEEK 3

GOAL:

ACTUAL:

WEEK 4

GOAL:

ACTUAL:

WEEK 5

GOAL:

ACTUAL:

WEEK 6

GOAL:

ACTUAL:

WEEK 7

GOAL:

ACTUAL:

WEEK 8

GOAL:

ACTUAL:

WEEK 9

GOAL:

ACTUAL:

WEEK 10

GOAL:

ACTUAL:

WEEK 11

GOAL:

ACTUAL:

WEEK 12

GOAL:

ACTUAL:

END DATE:

GOAL:

30 DAY CHALLENGE

START DATE:

GOAL:

DAY 1

DAY 2

DAY 3

DAY 4

DAY 5

DAY 6

DAY 7

DAY 8

DAY 9

DAY 10

DAY 11

DAY 12

DAY 13

DAY 14

DAY 15

DAY 16

DAY 17

DAY 18

DAY 19

DAY 20

DAY 21

DAY 22

DAY 23

DAY 24

DAY 25

DAY 26

DAY 27

DAY 28

DAY 29

DAY 30

52 WEEK CHALLENGE

START DATE:

GOAL:

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

WEEK 9

WEEK 10

WEEK 11

WEEK 12

WEEK 13

WEEK 14

WEEK 15

WEEK 16

WEEK 17

WEEK 18

WEEK 19

WEEK 20

WEEK 21

WEEK 22

WEEK 23

WEEK 24

WEEK 25

WEEK 26

WEEK 27

WEEK 28

WEEK 29

WEEK 30

WEEK 31

WEEK 32

WEEK 33

WEEK 34

WEEK 35

WEEK 36

WEEK 37

WEEK 38

WEEK 39

WEEK 40

WEEK 41

WEEK 42

WEEK 43

WEEK 44

WEEK 45

WEEK 46

WEEK 47

WEEK 48

WEEK 49

WEEK 50

WEEK 51

WEEK 52

REWARD:

100 MILE CHALLENGE

START DATE:	END DATE:
-------------	-----------































<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPORT:	REWARD:
--------	---------

30-DAY FITNESS CHALLENGE

START DATE:

REWARD:

 PLANK FOR 1 MIN	 RUN 5K	 DO 100 BURPEES	 DO 100 PUSH UPS	 HOLD A WALL SIT FOR 5 MINS
 DO 100 SQUATS	 DO 100 SIT-UPS	 RUN UP AND DOWN STAIRS FOR 10 MINS	 PLANK FOR 2 MINS	 JOG 10K
 100 JUMPING JACKS	 100 HIGH KNEES	 20K BIKE RIDE	 100 LUNGES	 10 PULL UPS X3
 100 BUTT KICKS	 HANDSTAND FOR 30 SECS	 RUN UP AND DOWN A HILL FOR 15 MINS	 HOLD A BRIDGE POSE FOR 1 MIN	 PLANK 1 MIN EACH SIDE
 DO 10 CHIN-UPS X3	 RUN 5K IN 30 MINS	 SKIP FOR 5 MINS	 DO 200 IT-UPS	 RUN A MILE WITH A MEDICINE BALL
 100 KETTLE BELL SWINGS	 SIDE PLANK WITH LEG RAISES 1 MIN	 100 JUMPING LUNGES	 RUN UPHILL FOR 10 MINS	 1 HOUR OF CARDIO

STEPS TRACKER

RUNNING LOG

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	PACE
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

RUNNING TRACKER

CYCLING LOG

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

	DIST.	TIME	SPEED
MON			
TUE			
WED			
THU			
FRI			
SAT			
SUN			
TOTAL			

CYCLING TRACKER

WORKOUT LOG

30-DAY FITNESS HABIT TRACKER

Habit:

Why is this habit important to me?

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

Habit:

Why is this habit important to me?

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

FITNESS HABITS

DATE:

MORNING HABITS	M	T	W	T	F	S	S

EVENING HABITS	M	T	W	T	F	S	S

BEFORE AND AFTER

Before

Before

Date:

Weight:

Bust:

Waist:

Arms:

Hips:

Thighs

After

After

Date:

Weight:

Bust:

Waist:

Arms:

Hips:

Thighs

Notes

WEIGHT TRACKER

START WEIGHT:

GOAL WEIGHT:

BODY MEASUREMENT

Before

Date:

.....

Weight:

.....

After

Date:

.....

Weight:

.....

Right arm

.....

Left arm

.....

Chest

.....

Waist

.....

Hips

.....

Right thigh

.....

Left thigh

.....

Right Calf

.....

Left calf

.....

Right arm

.....

Left arm

.....

Chest

.....

Waist

.....

Hips

.....

Right thigh

.....

Left thigh

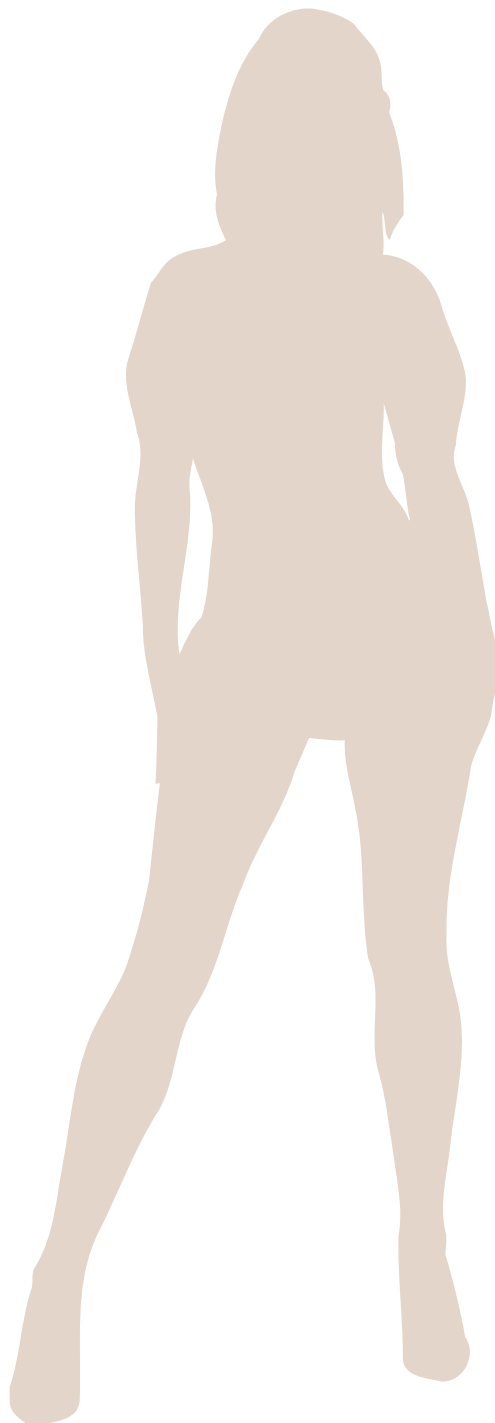
.....

Right Calf

.....

Left calf

.....



BODY MEASUREMENT

Before

Date:

Weight:

After

Date:

Weight:

Right arm

Left arm

Chest

waist

Hips

Right thigh

Left thigh

Right Calf

Left calf

Right arm

Left arm

Chest

waist

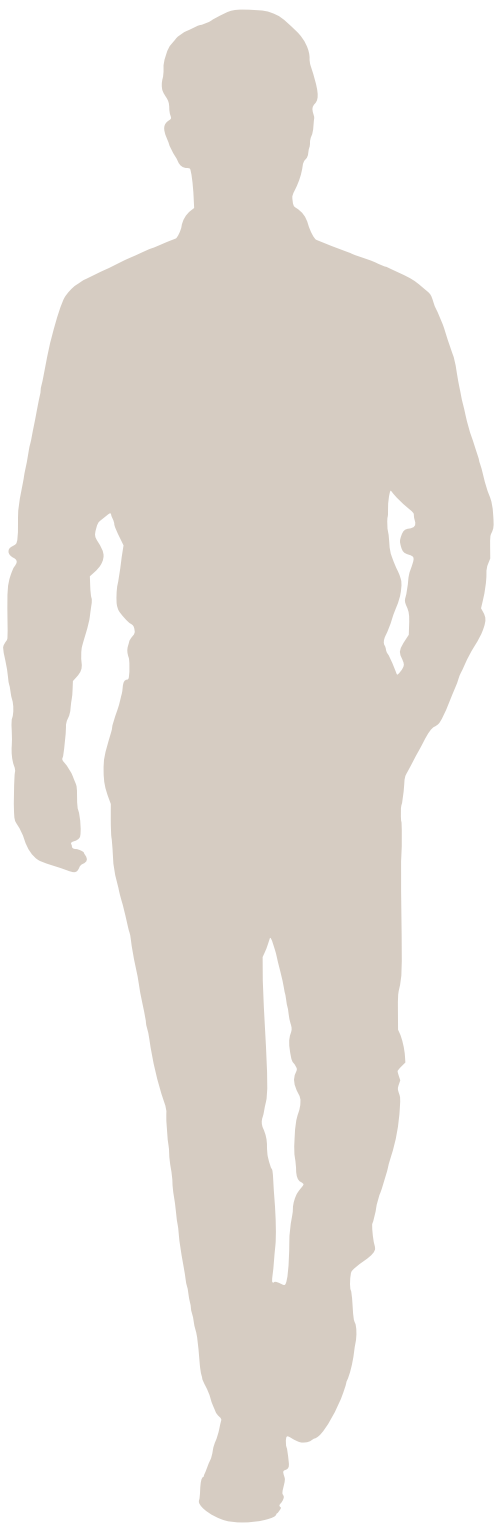
Hips

Right thigh

Left thigh

Right Calf

Left calf



WEEKLY FITNESS REVIEW

DATE:

MONTH:

YEAR:

HOW DO I FEEL?

WHAT EXERCISE DID I ENJOY?

SMALL WINS

THINGS I HAVE IMPROVED ON:

NEW EXERCISES TO TRY

THINGS NOT WORKING
WELL THIS WEEK:

WHAT TO NOTE THIS WEEK:

MONTHLY MEASUREMENTS

Month 1

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 2

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 3

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 4

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 5

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 6

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

MONTHLY MEASUREMENTS

Month 7

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 8

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 9

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 10

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 11

Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

Month 12

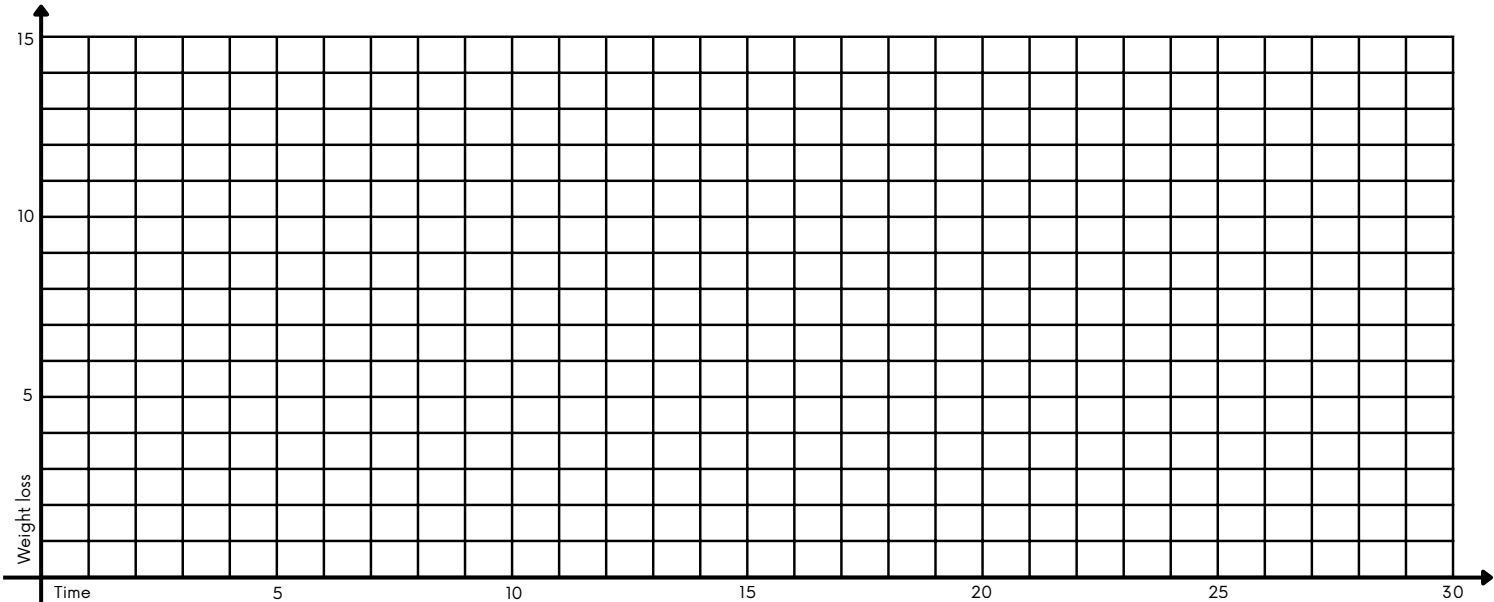
Date		Chest	
Weight		Waist	
BMI		Stomach	
Body fat %		Hips	
Upper arm		Thigh	
Forearm		Calf	
Total inches / cm:			

MY MEASUREMENTS

	Waist	Hips	Thigh	Bust	Arms
Start					
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					

WEIGHT LOSS TRACKER

#	Date	Target	Actual Weight	Gain	Loss



Milestones

Celebrate your wins!

MACRO TRACKER

MONDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

FRIDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

TUESDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

SATURDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

WEDNESDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

SUNDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

THURSDAY

	GOAL	ACTUAL
CALORIES		
PROTEIN		
CARBS		
FATS		
SUGAR		
TOTAL		

NOTES

--

NUTRITIONAL TRACKER

VITAMINS / SUPPLEMENTS

DATE:

STEP - 1

STEP - 2

STEP - 3

STEP - 4

STEP - 5

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

VITAMINS	ITEM	DOSAGE	TIME								

SUPPLEMENT	ITEM	DOSAGE	TIME								

OTHERS	ITEM	DOSAGE	TIME								

NOTES

WEEKLY MEAL PLANNER

	BREAKFAST	LUNCH	DINNER	SNACKS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

WEEKLY MEAL PLAN

MONDAY	TUESDAY	WEDNESDAY
BREAKFAST	BREAKFAST	BREAKFAST
LUNCH	LUNCH	LUNCH
DINNER	DINNER	DINNER
SNACKS	SNACKS	SNACKS
DRINKS	DRINKS	DRINKS

THURSDAY	FRIDAY	SATURDAY
BREAKFAST	BREAKFAST	BREAKFAST
LUNCH	LUNCH	LUNCH
DINNER	DINNER	DINNER
SNACKS	SNACKS	SNACKS
DRINKS	DRINKS	DRINKS

SUNDAY	MEAL IDEAS
BREAKFAST	
LUNCH	
DINNER	
SNACKS	
DRINKS	

MONTHLY MEAL PLAN

MONTH -

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

FOOD DIARY

	BREAKFAST	LUNCH	DINNER	SNACKS	WATER
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

HEALTHY RECIPE PLANNER

RECIPE NAME

SERVES

FOOD TYPE

PREP TIME

OVEN TEMP

DIFFICULTY

COOK TIME

INGREDIENTS

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

DIRECTIONS

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

TOOLS NEEDED

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

-
-
-
-
-
-
-
-

SHOPPING LIST

MEAT

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

FISH

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

FRUIT & VEG

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

DAIRY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

FROZEN

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

BAKERY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

PANTRY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

HOUSEHOLD

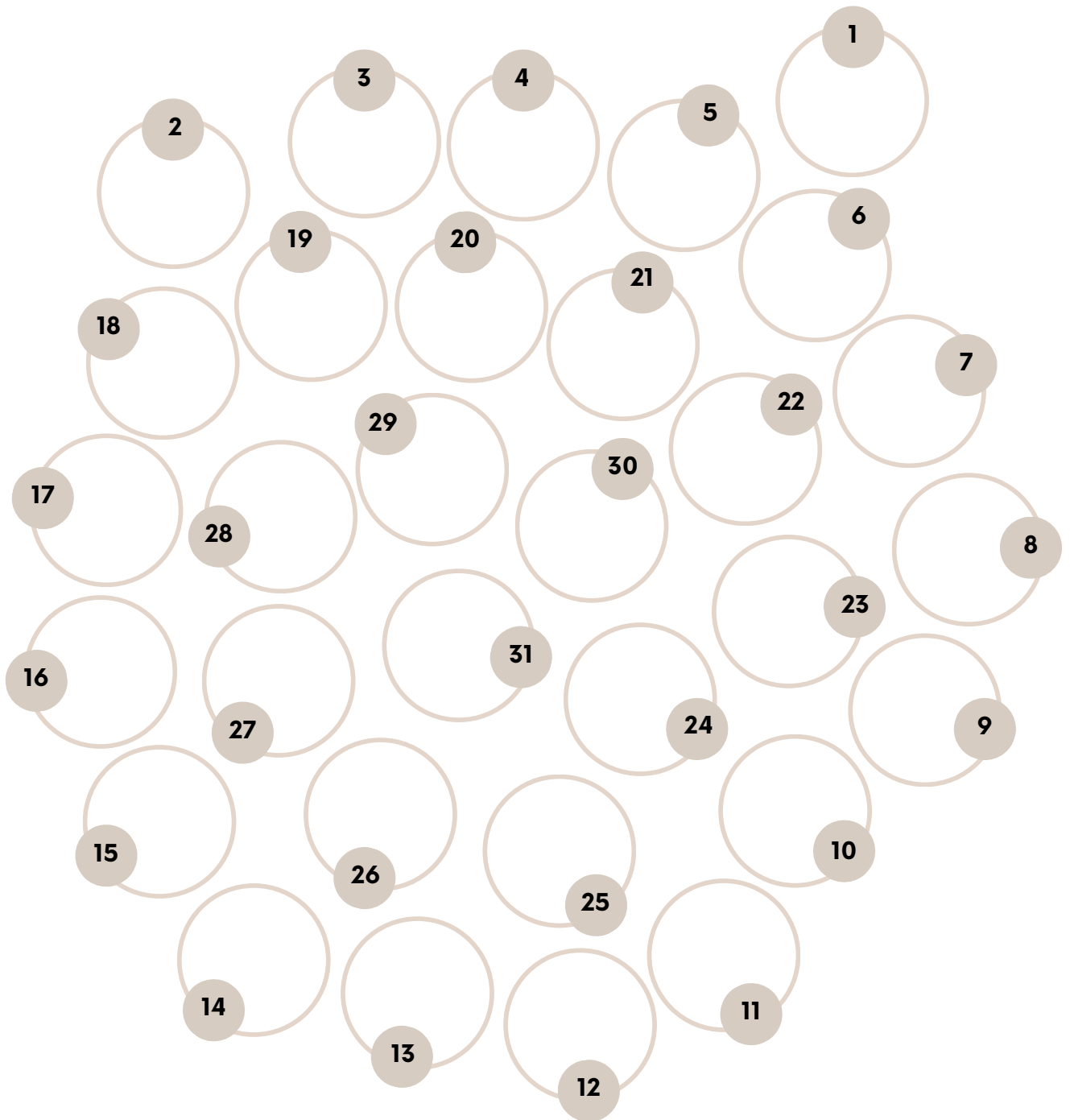
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

OTHER

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

NOTES

MOOD TRACKER



- ☐ ANGRY
- ☐ SAD
- ☐ HAPPY
- ☐ STRESSED

SLEEP TRACKER

DATE:

	MON	TUE	WED	THU	FRI	SAT	SUN
SLEEP							
HOURS							
WAKE UP							
MOOD	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>
	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>
	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>
	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>
	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>	<div><input type="checkbox"/></div> <div></div>

NOTES