WeightLossRelaxed.com

NUTRITION PLANNER



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HEALTH OVERVIEW

PERSONAL INFORMATION	
D.O.B:	BIRTHPLACE:
WEIGHT:	EYE COLOR:
HEIGHT:	GLASSES/CONTACTS:
BLOOD TYPE:	BIRTHMARK/SCARS:

MEDICAL CONDITION		
CONDITION	DATE	TREATING

FOOD, DRUGS AND OTHER ALLERGIES		
ALLERGY	TREATMENTS	DOSE

MEDICATION SUPPLEMENTS		
MEDICATION	TAKEN FOR	DOSE

MEDICAL HISTORY

NAME:

BLOOD TYPE:

ALLERGIES:

DOCTORS:

CHRONIC CONDITIONS:

MEDICATIONS:

DATE	PREVIOUS MEDICAL CONDITIONS	TREATMENT

HEALTH JOURNAL

Discuss how and what is my HEALTH right now

Things that I seem to resist while doing what needs to be done, in improving my health

My Thoughts & Feelings and where do my motivations come from

HEALTH GOALS

Ultimate Health Plans

①

②

③

Action Plans

	Action Plans	Duration	Notes
GOAL 1			
GOAL 2			
GOAL 3			

MONTHLY NUTRITION GOAL

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

NUTRITION & FITNESS GOALS

START DATE:	DURATION:	END DATE:
START WEIGHT:	GOAL WEIGHT:	FINAL WEIGHT:
START BMI:	GOAL BMI:	FINAL BMI:

MOTIVATION

NEW HABITS TO START

BAD HABITS TO STOP

WEEKLY NUTRITIOUS FOOD PLANNER

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

GROCERY LIST

WEEKLY NUTRITIOUS MENU

MENU NAME

SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDY		

NUTRITIOUS FOOD IDEAS BRAINSTORM

BREAKFAST

LUNCH

DINNER

DESSERTS

SNACKS

NUTRITIOUS FOOD FOR BREAKFAST

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

NUTRITIOUS FOOD FOR LUNCH

SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY

NUTRITIOUS FOOD FOR DINNER

SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY

WEEKLY NUTRITION RESULTS

SUN	MON	TUE	WED	THUR	FRI	SAT

DAILY NUTRITION PLAN

WORKOUT ROUTINE

MINDSET ACTIVITY

SELF CARE ACTIVITY

FOOD NUTRITION RECIPE

RECIPE NAME:

COOK TIME: PREP TIME: SERVING:

INGREDIENTS:	NOTES
DIRECTIONS	

NUTRITION

CALORIES:	CARBS:	SODIUM:
PROTEINS:	FIBER:	CHOLESTEROL:
FAT:	SUGAR:	OTHER:

FOOD NUTRITION RECIPE

RECIPE NAME:

INGREDIENTS:	PREP TIME: _____ COOK TIME:_____ SERVING:_____
	DIRECTIONS:

RECIPE NAME:

INGREDIENTS:	PREP TIME: _____ COOK TIME:_____ SERVING:_____
	DIRECTIONS:

NUTRITIOUS FOOD JOURNAL

	BREAKFAST	LUNCH	DINNER	SNACKS	HYDRATION	NOTES
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

FOOD NUTRITION & HEALTH JOURNAL

	SUN	MON	TUE	WED	THU	FRI	SAT
HOURS/TIME SLEEP							
WOKEUP/ FEELING							
MOOD							
ENERGY							
PAIN							
STRESS							
ACTIVITIES							

NUTRITION CHANGES

NEED TO EAT

NEED TO REFUSE

NEW HEALTHY HABITS

ADD VITAMINS & DIETARY SUPPLEMENTS

30 - DAYS NUTRITION CHALLENGE

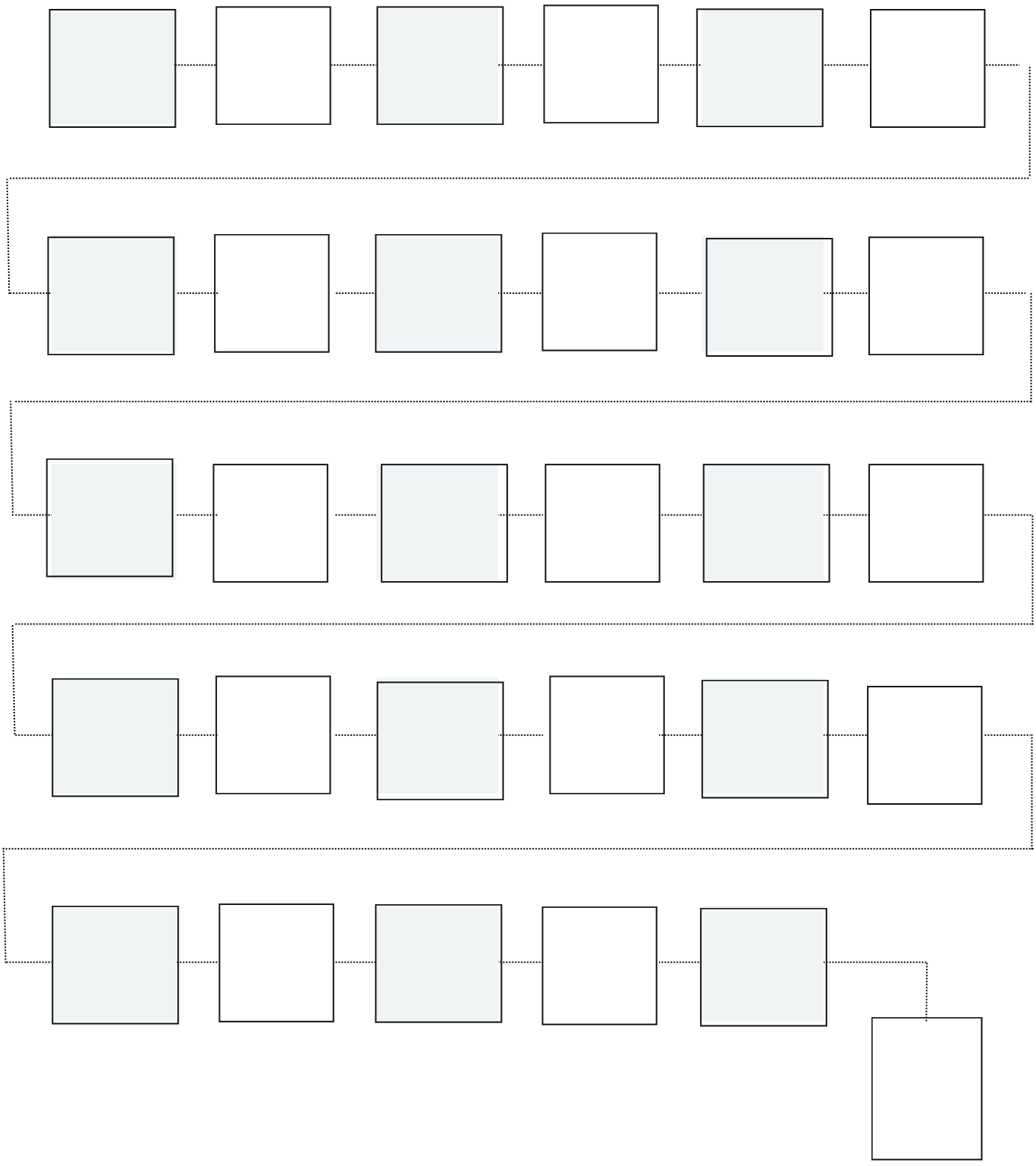
THE HABIT I AM CREATING/DESTROYING IS ...

CREATING/ DESTROYING THIS HABIT WILL CHANGE MY FUTURE BY...

AFFIRMATION STATEMENT ...

PLAN OF ACTION ...

30 - DAYS NUTRITION CHALLENGE



30 - DAY NUTRITION CHALLENGE

CHALLENGE	DAY1 ◯	DAY2 ◯	DAY3 ◯	DAY4 ◯	DAY5 ◯
	DAY6 ◯	DAY7 ◯	DAY8 ◯	DAY9 ◯	DAY10 ◯
	DAY11 ◯	DAY12 ◯	DAY13 ◯	DAY14 ◯	DAY15 ◯
	DAY16 ◯	DAY17 ◯	DAY18 ◯	DAY19 ◯	DAY20 ◯
REWARD	DAY21 ◯	DAY22 ◯	DAY23 ◯	DAY24 ◯	DAY25 ◯
	DAY26 ◯	DAY27 ◯	DAY28 ◯	DAY29 ◯	DAY30 ◯

CHALLENGE	DAY1 ◯	DAY2 ◯	DAY3 ◯	DAY4 ◯	DAY5 ◯
	DAY6 ◯	DAY7 ◯	DAY8 ◯	DAY9 ◯	DAY10 ◯
	DAY11 ◯	DAY12 ◯	DAY13 ◯	DAY14 ◯	DAY15 ◯
	DAY16 ◯	DAY17 ◯	DAY18 ◯	DAY19 ◯	DAY20 ◯
REWARD	DAY21 ◯	DAY22 ◯	DAY23 ◯	DAY24 ◯	DAY25 ◯
	DAY26 ◯	DAY27 ◯	DAY28 ◯	DAY29 ◯	DAY30 ◯

MONTHLY MEAL PLAN

SUN	MON	TUE	WED	THU	FRI	SAT

	BREAKFAST	LUNCH	DINNER
MEALS TO TRY			

WEEKLY MEAL PLAN

Monday		B
		L
		D
Tuesday		B
		L
		D
Wednesday		B
		L
		D
Thursday		B
		L
		D
Friday		B
		L
		D
Saturday		B
		L
		D
Sunday		B
		L
		D

B - Breakfast L - Lunch D - Dinner

SHOPPING LIST

- [ ] _____
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NOTES

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DAILY MEAL PLAN

GRAINS						
DAIRY						
VIT						
H2O	💧	💧	💧	💧	💧	💧

Breakfast		
Snack		
Lunch		
Snack		
Dinner		

VEGGIES

FRUITS

PROTEIN

CARBS

CARBS

WEEKLY MEAL BUDGET

Monday	Tuesday	Wednesday	Thursday
Budget	Budget	Budget	Budget

Friday	Saturday	Sunday	DESSERT IDEAS
Budget	Budget	Budget	Budget

NEW RECIPES TO TRY

BREAKFAST IDEAS

LUNCH IDEAS

DINNER IDEAS

SNACK IDEAS

FOOD LOG

FOOD	AMOUNT	CALORIES	PROTEINS	CARBS	FIBER	FAT	SUGAR

FOOD DIARY

DATE:	CALORIES GOAL:

TIME/MEAL	FOOD/DRINK	AMOUNT	CALORIES	NOTES

DIET PLANNER

DIET TYPE:	STARTING DATE:

FOODS TO EAT	FOODS TO AVOID

DIET LOG

FOOD	AMOUNT	CALORIES	CARBS	SUGAR	PROTEINS	FAT

CALORIES REFRENCES

FOOD/MEAL	SERVING SIZE	CALORIES

ANNUAL CALORIES TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1												
2												
3												
4												
5												
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MACRO TRACKER

	CALORIES	CARBS	PROTEIN	FAT	FIBER
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

FASTING LOG

DATE	FASTING HOURS	EATING HOURS	RATIO	NOTES

EATING HABIT TRACER

HABITS	SUN	MON	TUE	WED	THU	FRI	SAT

INTUITIVE EATING

TIME BEFORE/ AFTER EATING	HUNGER	FOOD/DRINK	FEELINGS/MOTION

PANTRY INVENTORY

DATE	ITEMS	QTY	EXP. DATE

FREEZER INVENTORY

DATE	MEAT/FISH	VEGETABLES/FRUITS	READY TO EAT

FRIDGE INVENTORY

DATE	MEAT/FISH	VEGETABLES/FRUITS	DAIRY/EGGS	READY TO EAT

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENTS

INSTRUCTION:

RECIPE TRACKER

RECIPE	PREP/COOK TIME	RATING
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆
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		☆ ☆ ☆ ☆ ☆
		☆ ☆ ☆ ☆ ☆

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENT

INSTRUCTION:

HEALTHY RECIPE

TITLE: _____

INGREDIENTS

PREPARATIONS

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

FOOD BUDGET PLANNER

INCOME	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

FIXED EXPENSES	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

SPENDING	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

VITAMINS & SUPPLEMENTS

WEEK OF: _____

ITEM	DOSAGE	TIME	S	M	T	W	T	F	S

WEEKLY VITAMIN INTAKE

WEEK OF: _____

VITAMINS	SUN	MON	TUE	WED	THU	FRI	SAT

VITAMIN TRACKER

VITAMIN	DOSAGE	TIME	S	M	T	W	T	F	S

MEDICATION SCHEDULE

DATE	TIME	MEDICATION GIVEN	ANY WASTED?

FITNESS GOAL TRACKER

1.

2.

3.

ACTION STEPS

1. _____

2. _____

3. _____

4. _____

5. _____

PHYSICAL MONTHLY SCHEDULE

WEEK 1

WEEK 2

WEEK 3

WEEK 4

NOTES

MONTHLY WEIGHT TRACKER

WEEK	DATE	WEIGHT	LOSS / GAINED	NOTES

WEIGHT TRACKER

STARTING WEIGHT:

WEEK	DATE	WEEK	CHANGE

HABIT TRACKER

HABIT: _____

DATE	PROGRESS

DAILY PLANNER

TASKS

1 _____ ☐
2 _____ ☐
3 _____ ☐
4 _____ ☐
5 _____ ☐

SCHEDULE

TIME	DESCRIPTION

DIET

FOOD	CARB	PRO	FAT	CALS
TOTAL				

ACTIVITY

ACTIVITY	MIN	CALS

MEAL PLANNER

BREAKFAST: _____
SNACKS: _____
LUNCH: _____
SNACKS: _____
DINNER: _____
SNACKS: _____

I am grateful for _____

_____

Affirmation, I am _____

_____

Mindful of _____

_____

WATER INTAKE



SLEEP TRACKER

OF HRS: _____ ENERGY: ☆☆☆☆☆

MOOD OF THE DAY:

DAILY & WEEKLY PLANNER

MONTH OF: _____

FOOD	SUN	MON	TUE	WED	THU	FRI	SAT

DAILY TRACKER

DATE: _____

BREAKFAST	LUNCH	SNACKS	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

DAILY
PRIORITY LIST

PRIORITIES

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NUTRITION VISION BOARD

