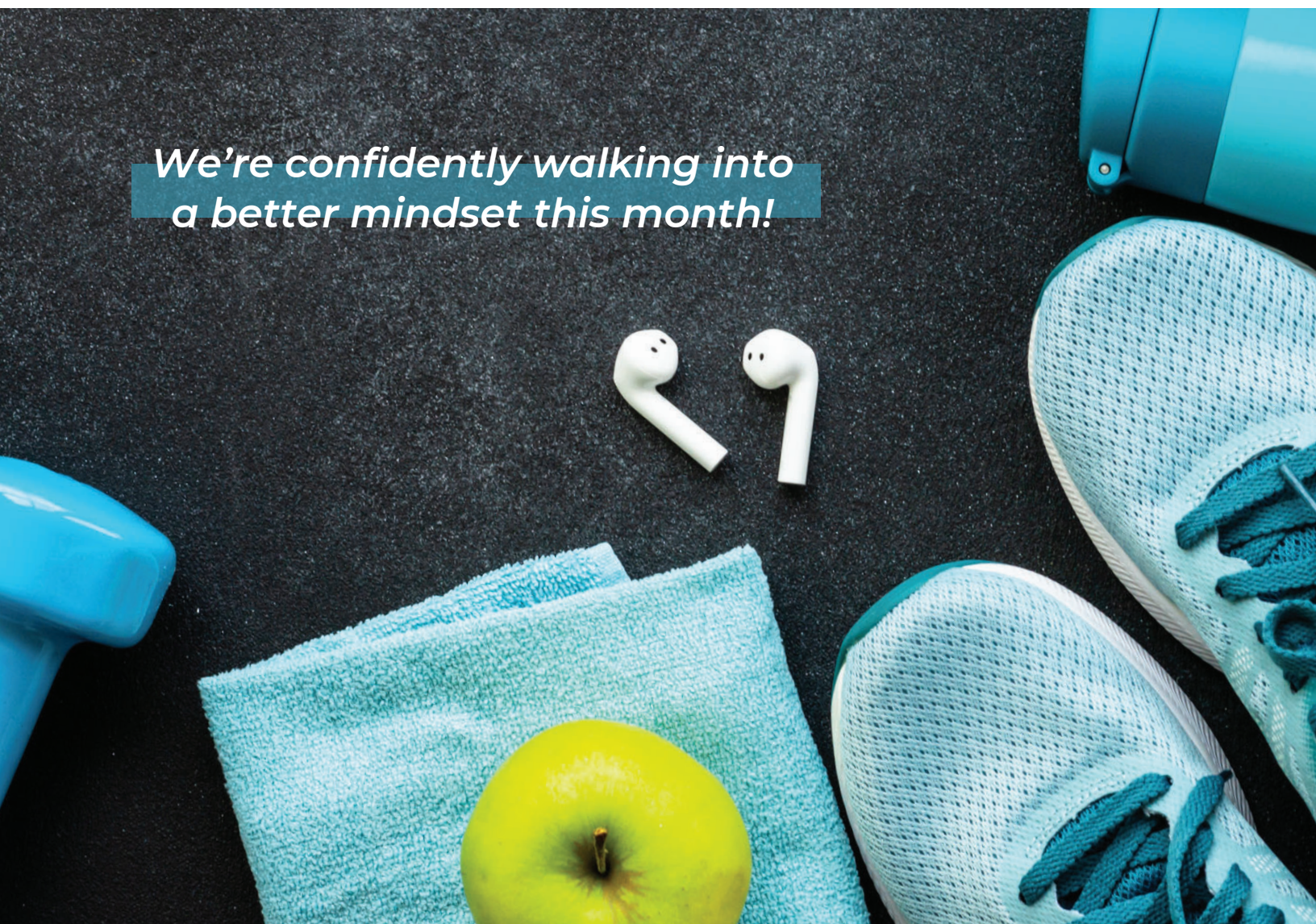




wellness WORKBOOK

FOR THE MONTH OF MAY

*We're confidently walking into
a better mindset this month!*



WELCOME

Hello and welcome to our Step In And Step Out group! I'm very excited you're here! Are you ready to get excited and zero-in on your wellness goals for the month and the rest of the year?!

This workbook was created to provide you with several tools and resources to help you stay on track this month. I hope that you will utilize them to achieve the best results from your fitness and nutrition programs.

Here's how to get started: First, you'll take your weight, measurements, and before pictures to record your starting point. Second, you'll set three specific goals you want to work toward this month along with your WHY. Third, you'll sign the commitment contract and go through the rest of the pre-challenge checklist!

You'll also find meal plan sheets, tracking sheets, weekly review sheets, and tips to stay on track. This group is made just for YOU and if you show up daily, I promise you'll see positive changes in no time! COMMIT now and results will come!

Please don't hesitate to reach out to me if you have any questions, concerns or even if you're just struggling with motivation - as your coach, that's what I'm here for!

xoxo, your coach

PRE-CHALLENGE

checklist

- REVIEW ALL PROGRAM MATERIALS
- PRINT OUT ALL NEEDED MATERIALS
- PURCHASE ANY EQUIPMENT NEEDED
- HAVE YOUR EQUIPMENT READY
- COMPLETE YOUR "BEFORE" STATS
- SET YOUR GOALS & YOUR WHY
- SIGN THE COMMITMENT CONTRACT
- SCHEDULE YOUR WORKOUTS
- CREATE YOUR WEEKLY MENU
- COMPLETE YOUR GROCERY SHOPPING
- PLAN AND PREP YOUR MEALS
- BE READY TO TRACK YOUR DAY



record your **STATS**

The best way to see how much your body is transforming is to record your before, middle and after weight & measurements. Along with documenting these numbers, it is even more vital to take progress pictures of your front, back and sides. You might even do a video! Remember, the scale doesn't tell the whole story and it's more important to note how you're feeling overall! If you are losing inches without losing pounds, you could be losing fat and gaining some muscle strength!

Measurements Day _____ Day _____ Day _____

CHEST			
R.ARM			
L.ARM			
WAIST			
HIPS			
R.THIGH			
L.THIGH			
TOTAL INCHES			
WEIGHT			

Final Results! TOTAL INCHES LOST: TOTAL WEIGHT LOST:



set your **GOALS**

It's time to set some goals for yourself this month! Do you want to fit into a specific pair of jeans? Would you like to complete EVERY workout on your calendar? What about gaining more energy to keep up with your kids or being able to do 10 push-ups on your tippy toes? Take some time to come up with 3 specific goals AND WHY you want to achieve each one. Your WHY is the purpose behind setting that goal. Knowing your WHY will help guide your focus and keep you motivated to keep going!

GOAL #1

Your Why

GOAL #2

Your Why

GOAL #3

Your Why

commitment contract

My main goal for the month is:

I would like to end the month feeling:

I am committing to and will be doing the following workout and nutrition program:

I, hereby commit to showing up for myself each and every day to work hard on achieving the goal(s) I set above.

I understand that my health & fitness is my responsibility and I am willing to make any positive long-term changes to establish better lifestyle habits this year. I recognize that I will only reach my goals by being consistent in creating healthy habits. This will not happen overnight, it is not a quick fix and there is no finish line on my wellness journey. Once I reach a goal, I will set another one and then another one.

Starting today, I will go after the success I deserve in order to live a happier and healthier life. I am determined to do my very best and will no longer make excuses for my current habits which have prevented me from getting to the place I want to be. It is my duty to myself to not give up.

The power to change my mindset about exercise and my relationship with food lies within me. I desire to treat my body with the love and respect that it deserves. I know that in order to give my family, friends and community the best of me - I must make sure I am filling my own self-care cup consistently.

I sign this contract making a commitment to myself and acknowledging that my future is my responsibility. I am capable of doing my best and pushing beyond my perceived limits! I am ready to do this!

Day/Date	Day _____	Day _____	Day _____
Weight			
Total Inches			

Signature: _____

Date: _____

commitment contract

Please read through the following "I will" statements and declare them out loud.

I WILL FOLLOW THE PROGRAM:

I will do the entire workout program as suggested in the resources, by following the workout calendar and nutrition guide

I WILL FUEL MY BODY WITH DENSE NUTRITION:

Proper nutrition is a much needed investment in my health and I am committed to doing this to maximize my results

I WILL SHARE AND INSPIRE OTHERS:

Great things happen when we step out of our comfort zone to inspire and show others what is possible

I WILL LET GO OF PERFECTION:

I'm working hard to make healthier lifestyle changes, I will forgive myself if I am not perfect and have days where I falter

I WILL FOLLOW THROUGH AND FINISH:

This is my commitment to follow through. It is my duty to myself and others to finish this and not to give up

I WILL PAY IT FORWARD:

Change begins with me and there January be others who ask, need or want to know what I am doing. I will do my best to help

I WILL LOVE MYSELF:

No matter how I look physically on the outside, I am doing this to be healthy on the inside and because I deserve it!




































There is no better time than NOW. You are making the decision that you are ready to get fit and stay fit. You are committed to reaching your fitness goals and will remain patient with yourself and your progress. You will not let negative thoughts or people prevent you from achieving your goals. If you are ever feeling unmotivated, you will check into our group for encouragement AND you will sit down and re-read / re-write your goals & this contract.

Signature: _____

Date: _____

MAY *workout calendar*

MAIN EXERCISE GOAL:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						
						
						
						
						

NOTES:

Use this calendar to schedule and track your workouts this month! Set yourself up for success by planning ahead and knowing exactly when you'll get your workout in. Remember to think of your workout as a very important appointment you can't miss!



weekly meal planner

Write in your menu for the week! By having your meal plan in place to follow, you're more likely to stay on track with your nutrition. Nutrition is vital to achieving results!

WEEK OF:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
B:							
L:							
D:							
S:							

NOTES:

weekly wellness tracker

You can use this sheet to stay accountable & record the habits that will bring you closer to your goals!

WEEK OF: _____

GOAL #1 _____

GOAL #2 _____

GOAL #3 _____

M

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

W

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

F

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

WEEKLY REVIEW

rate and reflect

FOR THE WEEK OF:

Check "Yes or No" in each of the categories. Remember to be honest and use this as a way to evaluate the areas you need to focus on and improve. If you missed 3 out of 7 "YES" in one category - aim to hit all "YES" the next week!

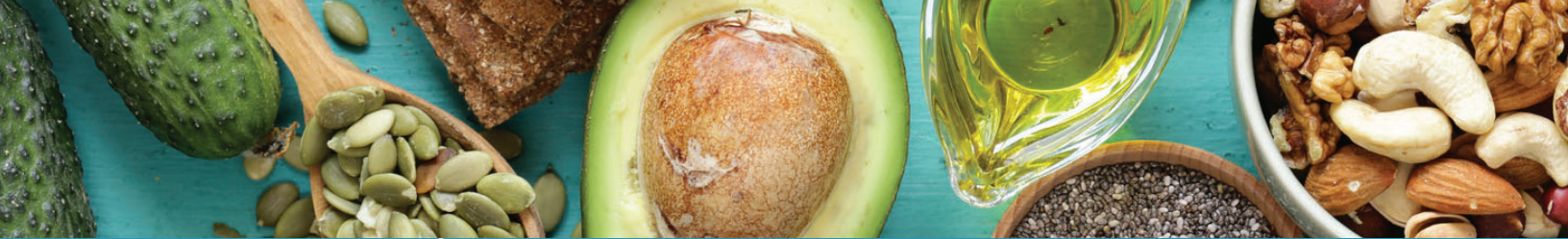
	MON	TUE	WED	THU	FRI	SAT	SUN
DAILY EXERCISE:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
NUTRITION: (rated on a scale 9 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
MET WATER GOAL:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
TOOK SUPPLEMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
CHECKED INTO GROUP:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

WHAT IS SOMETHING YOU'RE STEPPING INTO THIS WEEK?

IN WHAT WAYS ARE YOU STEPPING OUT CONFIDENTLY?

WHAT DID YOU STRUGGLE WITH THIS WEEK?

WHAT IS YOUR MAIN GOAL NEXT WEEK?



weekly meal planner

Write in your menu for the week! By having your meal plan in place to follow, you're more likely to stay on track with your nutrition. Nutrition is vital to achieving results!

WEEK OF:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
B:							
L:							
D:							
S:							

NOTES:

weekly wellness tracker

You can use this sheet to stay accountable & record the habits that will bring you closer to your goals!

WEEK OF: _____

GOAL #1 _____

GOAL #2 _____

GOAL #3 _____

M

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

W

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

F

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

WEEKLY REVIEW

rate and reflect

FOR THE WEEK OF:

Check "Yes or No" in each of the categories. Remember to be honest and use this as a way to evaluate the areas you need to focus on and improve. If you missed 3 out of 7 "YES" in one category - aim to hit all "YES" the next week!

	MON	TUE	WED	THU	FRI	SAT	SUN
DAILY EXERCISE:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
NUTRITION: (rated on a scale 9 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
MET WATER GOAL:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
TOOK SUPPLEMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
CHECKED INTO GROUP:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

WHAT IS SOMETHING YOU'RE STEPPING INTO THIS WEEK?

IN WHAT WAYS ARE YOU STEPPING OUT CONFIDENTLY?

WHAT DID YOU STRUGGLE WITH THIS WEEK?

WHAT IS YOUR MAIN GOAL NEXT WEEK?



weekly meal planner

Write in your menu for the week! By having your meal plan in place to follow, you're more likely to stay on track with your nutrition. Nutrition is vital to achieving results!

WEEK OF:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
B:							
L:							
D:							
S:							

NOTES:

weekly wellness tracker

You can use this sheet to stay accountable & record the habits that will bring you closer to your goals!

WEEK OF: _____

GOAL #1 _____

GOAL #2 _____

GOAL #3 _____

M

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

W

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

F

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

WEEKLY REVIEW

rate and reflect

FOR THE WEEK OF:

Check "Yes or No" in each of the categories. Remember to be honest and use this as a way to evaluate the areas you need to focus on and improve. If you missed 3 out of 7 "YES" in one category - aim to hit all "YES" the next week!

	MON	TUE	WED	THU	FRI	SAT	SUN
DAILY EXERCISE:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
NUTRITION: (rated on a scale 9 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
MET WATER GOAL:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
TOOK SUPPLEMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
CHECKED INTO GROUP:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

WHAT IS SOMETHING YOU'RE STEPPING INTO THIS WEEK?

IN WHAT WAYS ARE YOU STEPPING OUT CONFIDENTLY?

WHAT DID YOU STRUGGLE WITH THIS WEEK?

WHAT IS YOUR MAIN GOAL NEXT WEEK?



weekly meal planner

Write in your menu for the week! By having your meal plan in place to follow, you're more likely to stay on track with your nutrition. Nutrition is vital to achieving results!

WEEK OF:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
B:							
L:							
D:							
S:							

NOTES:

weekly wellness tracker

You can use this sheet to stay accountable & record the habits that will bring you closer to your goals!

WEEK OF: _____

GOAL #1 _____

GOAL #2 _____

GOAL #3 _____

M

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

W

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

F

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

WEEKLY REVIEW

rate and reflect

FOR THE WEEK OF:

Check "Yes or No" in each of the categories. Remember to be honest and use this as a way to evaluate the areas you need to focus on and improve. If you missed 3 out of 7 "YES" in one category - aim to hit all "YES" the next week!

	MON	TUE	WED	THU	FRI	SAT	SUN
DAILY EXERCISE:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
NUTRITION: (rated on a scale 9 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
MET WATER GOAL:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
TOOK SUPPLEMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
CHECKED INTO GROUP:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

WHAT IS SOMETHING YOU'RE STEPPING INTO THIS WEEK?

IN WHAT WAYS ARE YOU STEPPING OUT CONFIDENTLY?

WHAT DID YOU STRUGGLE WITH THIS WEEK?

WHAT IS YOUR MAIN GOAL NEXT WEEK?



weekly meal planner

Write in your menu for the week! By having your meal plan in place to follow, you're more likely to stay on track with your nutrition. Nutrition is vital to achieving results!

WEEK OF:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
B:							
L:							
D:							
S:							

NOTES:

weekly wellness tracker

You can use this sheet to stay accountable & record the habits that will bring you closer to your goals!

WEEK OF: _____

GOAL #1 _____

GOAL #2 _____

GOAL #3 _____

M

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

W

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

T

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

F

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

S

TODAY I'M THANKFUL FOR: _____	WATER: 👉👉👉👉 👉👉👉👉 👉👉👉👉	SLEEP: 🌙🌙🌙 🌙🌙🌙 🌙🌙🌙	NUTRITION: _____ _____ _____	<input type="checkbox"/> COMPLETED WORKOUT <input type="checkbox"/> SHAKE/SUPPLEMENTS <input type="checkbox"/> PERSONAL DEVELOPMENT <input type="checkbox"/> ADD'L SELF-CARE
----------------------------------	--------------------------------	-----------------------------	---------------------------------------	---

WEEKLY REVIEW

rate and reflect

FOR THE WEEK OF:

Check "Yes or No" in each of the categories. Remember to be honest and use this as a way to evaluate the areas you need to focus on and improve. If you missed 3 out of 7 "YES" in one category - aim to hit all "YES" the next week!

	MON	TUE	WED	THU	FRI	SAT	SUN
DAILY EXERCISE:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
NUTRITION: (rated on a scale 9 or above)	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
MET WATER GOAL:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
TOOK SUPPLEMENTS:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
CHECKED INTO GROUP:	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

WHAT IS SOMETHING YOU'RE STEPPING INTO THIS WEEK?

IN WHAT WAYS ARE YOU STEPPING OUT CONFIDENTLY?

WHAT DID YOU STRUGGLE WITH THIS WEEK?

WHAT IS YOUR MAIN GOAL NEXT WEEK?

daily tracker



SUPPLEMENTS

BREAKFAST

LUNCH

DINNER

SNACKS

WIN FOR THE DAY

DATE: _____

M T W TH F S SU

TODAY'S TOP GOALS

#1.

#2.

#3.

MY WORKOUT

WRAP UP

Dedication
To My Nutrition



Dedication
To My Workout



Notes:

WILL IMPROVE TOMORROW

meal planning and **PREPPING TIPS**

SCHEDULE IT IN

Pick a convenient day out of the week to schedule sit down time for planning out your menu. Stick to it and make it a weekly routine!

LOOK AHEAD

Take a look at your calendar for the next week, if you have long busy days or shorter easier days, plan your meals accordingly.

TAKE INVENTORY

Check your fridge and freezer for foods that you need to use up before they go bad. Try to include these ingredients in your menu.

CHECK SALES

If you're on a tight budget, it's helpful to check out your fav store's weekly ad or mobile coupons. See what's on sale to save some money!

SIMPLE SIDES

For sides, remember no difficult recipe needed! For example, serve steamed veggies, brown rice, quinoa, a simple salad or fruit.

MAKE YOUR MENU

Pencil in what meals you plan to have each day! It's often best to stick with your favorites and try 1-2 new recipes a week.

BABY STEPS

If you're new to this prep business, it's best to start out small only prepping for 1-2 meals/snacks or days at a time until you find your groove.

KEEP IT SIMPLE

When you're cooking everything for multiple days at once, it's SO important to keep it simple. 10 ingredients or less is a good rule to follow.

BATCH/BULK COOKING

This is cooking multiple foods all at once! Roasting veggies, sweet potatoes and lean proteins in the oven all at one time works wonders!

PROPER STORAGE

Proper storing of your meals can help them stay fresh, keeping for up to 5 days. Be organized, stack neatly, and opt for glass when you can!

FINDING SHORTCUTS

If in a time crunch, buy frozen or fresh pre-cut veggies and fruits, already cooked beans and rice or proteins. Or invest in a food processor!

STAYING FOCUSED

Keep your eyes on the prize! All of this meal prep is for a big purpose... to help you reach those health & fitness goals you set. You can stay the course!



REMEMBER

SET YOUR GOALS & KNOW YOUR WHY
SHARE YOUR GOAL WITH OTHERS
PLAN & PREP YOUR MEALS AHEAD
SCHEDULE YOUR WORKOUTS
FOLLOW YOUR PROGRAM CALENDAR
TRACK & LOG EVERY MORSEL
TRY JOURNALING EVERY WEEK
ACKNOWLEDGE LITTLE WINS
POST YOUR PROGRESS WITH US
REWARD HITTING YOUR GOALS
TRACK YOUR AFTER STATS
WATER! WATER! WATER!
FIND AN ACCOUNTABILITY PARTNER
CHECK INTO OUR GROUP DAILY
USE ME AS YOUR COACH!

Congratulations!

Congratulations on completing our Step In And Step Out May group! How did you do?! Please make sure to share your results with us in the group and private message me your "after" stats.

I hope that you were able to rise above any obstacles or fears and prove to yourself you can do this! Remember, this is not a diet or quick fix. This is a lifestyle change. When you stay the course, follow your plan, and remain consistent, results you can SEE and FEEL will come steadily.

Still have goals you want to achieve?! Great! Let's chat about what's up next for you as you work toward your goals. Will you continue with the workout and nutrition plan you've been following, or are you looking for a change? As many times as you're ready to re-commit to your goals...

**I WILL BE HERE TO SUPPORT
YOU IN ANY WAY I CAN!**

