






Your Personal Health Planner

Health Status	Day	Week number												Goal
		1	2	3	4	5	6	7	8	9	10	11	12	
Activity	Mon													
Tick days when you do 20 mins exercise or enter no. of steps on pedometer 	Tue													
	Wed													
	Thur													
	Fri													
	Sat													
	Sun													
mins per week														


Fruit & Veg	Mon												
Tick box if consumed 5 portions 	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
	Sun												
per day													

Alcohol	Mon												
Record number of units daily 	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
	Sun												
units per day													

Smoking	Mon												
Record number of cigarettes daily 	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
	Sun												
per day													

Sleep	Mon												
Tick box when slept well (i.e. 8 hours) 	Tue												
	Wed												
	Thur												
	Fri												
	Sat												
	Sun												
hrs per night													

Weight	W											
	E											
	E											
	K											
st/lbs or kgs												

Waist	W											
	E											
	E											
	K											
inches or cms												

Notes & Personal Achievements