

Name: \_\_\_\_\_

# January 2019

There is no better time than  
*now*  
to start living a healthy life

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
	1	2	3	4	5	6	Goal	Actual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	8	9	10	11	12	13	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	15	16	17	18	19	20	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21	22	23	24	25	26	27	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28	29	30	31				Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Challenge		My Goals		Beginning-of-Month Measurements		End-of-Month Measurements		
<p>Make your goals for the year "SMART": Specific, Measurable, Achievable, Relevant, Time bound. Get inspiration and share your goals on the You First Facebook page! Example: "I will use whole grains for at least two meals every day this month."</p>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>		<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>		

Name: \_\_\_\_\_

# February 2019

Fall in love with  
taking care of  
*yourself*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
				1	2	3	Goal	Actual
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	5	6	7	8	9	10	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	12	13	14	15	16	17	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	19	20	21	22	23	24	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	26	27	28				Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Challenge		My Goals			Beginning-of-Month Measurements		End-of-Month Measurements	
Find little ways to be more active every day this month: <ul style="list-style-type: none"> <li>• Park farther away at the grocery store</li> <li>• Take a 30-minute walk after dinner</li> <li>• Take stretch breaks during T.V. commercials</li> </ul>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:	

Name: \_\_\_\_\_

# March 2019

You are a lot  
*stronger*  
than you think

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
				1	2	3	Goal	Actual
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	5	6	7	8	9	10	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	12	13	14	15	16	17	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	19	20	21	22	23	24	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	26	27	28	29	30	31	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Challenge		My Goals			Beginning-of-Month Measurements		End-of-Month Measurements	
Make a few healthy swaps in your cooking this month: check out the You First Facebook page for ideas!		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:	

Name: \_\_\_\_\_

# April 2019

Beauty begins the moment  
you decide to  
*be yourself*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Goal	Actual
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	Goal	Actual
15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	Goal	Actual
22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	Goal	Actual
29 <input type="checkbox"/>	30 <input type="checkbox"/>						Goal	Actual
Challenge		My Goals		Beginning-of-Month Measurements		End-of-Month Measurements		
Increase your steps: Try to add 50 steps every day. By the end of the month you will have added 1,500 steps to your daily routine!		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:		

Name: \_\_\_\_\_

# May 2019

You may not be there yet  
but you are closer than you were  
*yesterday*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
		1	2	3	4	5	Goal	Actual
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	7	8	9	10	11	12	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	14	15	16	17	18	19	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	21	22	23	24	25	26	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	28	29	30	31			Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Challenge		My Goals		Beginning-of-Month Measurements		End-of-Month Measurements		
<p>Drink 8 glasses of water per day. Track your progress by checking the box for each day that you accomplish your goal!</p>		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>		<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>		

Name: \_\_\_\_\_

# June 2019

See what happens when  
*you don't give up*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
					1	2	Goal	Actual
					<input type="checkbox"/>	<input type="checkbox"/>		
3	4	5	6	7	8	9	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	11	12	13	14	15	16	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	18	19	20	21	22	23	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	25	26	27	28	29	30	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Challenge		My Goals			Beginning-of-Month Measurements		End-of-Month Measurements	
Log 5,000 steps per day for 20 days. Need a step counter? Call 800-508-2222 for a You First pedometer.		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:	

Name: \_\_\_\_\_

# July 2019

Don't eat less  
*eat right*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	Goal	Actual
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	Goal	Actual
15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	Goal	Actual
22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	Goal	Actual
29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>					Goal	Actual
Challenge		My Goals		Beginning-of-Month Measurements		End-of-Month Measurements		
Incorporate a fruit or veggie into every meal this month. Fruit examples: 1 large orange or banana, 1 cup unsweetened applesauce, 15 grapes. Veggie examples: 1 cup cooked greens or 2 cups raw leafy greens, 12 baby carrots, 1 cup peas.		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:		

Name: \_\_\_\_\_

# August 2019

*Stay consistent*  
and results will follow


Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	Goal	Actual
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	Goal	Actual
12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	Goal	Actual
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	Goal	Actual
26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>		Goal	Actual
Challenge	My Goals			Beginning-of-Month Measurements		End-of-Month Measurements		
Go for a walk every day this month—even if it's just a short one! *Bonus challenge* Find a walking buddy!	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:		



Name: \_\_\_\_\_

# September 2019

If won't be easy  
but it will be  
*worth it*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
						1	Goal	Actual
						<input type="checkbox"/>		
2	3	4	5	6	7	8	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	10	11	12	13	14	15	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	17	18	19	20	21	22	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	24	25	26	27	28	29	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30								
<input type="checkbox"/>								
Challenge		My Goals			Beginning-of-Month Measurements		End-of-Month Measurements	
<p>Plank challenge! Start by holding a plank or modified plank for as long as you can. Add a few seconds every day and see how strong you get! Check the You First Facebook page for tips on plank form and modifications.</p> 		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>		<p>Weight:</p> <p>Waist:</p> <p>Hip:</p> <p>Other:</p>	

Name: \_\_\_\_\_

# October 2019

A goal without a  
*plan*  
is just a  
*wish*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	Goal	Actual
7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	Goal	Actual
14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	Goal	Actual
21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	Goal	Actual
28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>				Goal	Actual
Challenge	My Goals			Beginning-of-Month Measurements		End-of-Month Measurements		
Cut out added sugar for 20 days this month. Replace sweets with whole fruits or 100% fruit juice. Remember that sugar can hide in sneaky places- learn more on the You First Facebook page!	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:		

Name: \_\_\_\_\_

# November 2019

*Motivation*  
is what gets you started  
*habit*  
is what keeps you going

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
				1	2	3	Goal	Actual
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	5	6	7	8	9	10	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	12	13	14	15	16	17	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	19	20	21	22	23	24	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	26	27	28	29	30		Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Challenge	My Goals			Beginning-of-Month Measurements		End-of-Month Measurements		
Stretch for 10 minutes every day. You can do this while listening to music, watching T.V. or winding down for bed.	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:		

Name: \_\_\_\_\_

# December 2019

*Believe  
you can, and you are  
halfway there*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Workouts	
						1	Goal	Actual
						<input type="checkbox"/>		
2	3	4	5	6	7	8	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	10	11	12	13	14	15	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	17	18	19	20	21	22	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	24	25	26	27	28	29	Goal	Actual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30	31							
<input type="checkbox"/>	<input type="checkbox"/>							
Challenge		My Goals			Beginning-of-Month Measurements		End-of-Month Measurements	
Update a favorite holiday recipe with healthy ingredients. Get some ideas and share your favorite recipes on the You First Facebook page!		<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>			Weight: Waist: Hip: Other:		Weight: Waist: Hip: Other:	