


# October 2017 Wellness Calendar


MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
25	26	27	28	29	30	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	31	1	2	3	4	5

 **My Goals**


Exercise: \_\_\_\_\_

Eating: \_\_\_\_\_

Other: \_\_\_\_\_

 **Measurements**

	Day 1	Day 31
Waist:	_____	_____
Hips:	_____	_____
Chest:	_____	_____

 **Results** How many can you do in 1 minute?

	Day 1	Day 31
Squats:	_____	_____
Push-ups:	_____	_____
Ab Plank:	_____	_____

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