

Be A Healthier You

<p>DATE: _____</p> <p>BODY</p> <ul style="list-style-type: none"> fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> activity (min) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> water (cups) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> <p>MIND</p> <ul style="list-style-type: none"> read <input type="checkbox"/> hobby <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <p>SOUL</p> <ul style="list-style-type: none"> relax <input type="checkbox"/> prayer <input type="checkbox"/> family time <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> 	<p>DATE: _____</p> <p>BODY</p> <ul style="list-style-type: none"> fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> activity (min) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> water (cups) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> <p>MIND</p> <ul style="list-style-type: none"> read <input type="checkbox"/> hobby <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <p>SOUL</p> <ul style="list-style-type: none"> relax <input type="checkbox"/> prayer <input type="checkbox"/> family time <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> 	<p>DATE: _____</p> <p>BODY</p> <ul style="list-style-type: none"> fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> activity (min) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> water (cups) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> <p>MIND</p> <ul style="list-style-type: none"> read <input type="checkbox"/> hobby <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <p>SOUL</p> <ul style="list-style-type: none"> relax <input type="checkbox"/> prayer <input type="checkbox"/> family time <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> 	<p>DATE: _____</p> <p>BODY</p> <ul style="list-style-type: none"> fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> activity (min) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> water (cups) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> _____ <input type="checkbox"/> <p>MIND</p> <ul style="list-style-type: none"> read <input type="checkbox"/> hobby <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> <p>SOUL</p> <ul style="list-style-type: none"> relax <input type="checkbox"/> prayer <input type="checkbox"/> family time <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>
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