

# DAILY WATER TRACKER

MONTH:

TOTAL:

TARGET: \_\_\_\_\_

TOTAL: \_\_\_\_\_

8 16 24 32 40 48 56 64 72 80 88 96 104 112 120 128 136 144 152 160 168 176 184



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TARGET: \_\_\_\_\_

TOTAL: \_\_\_\_\_

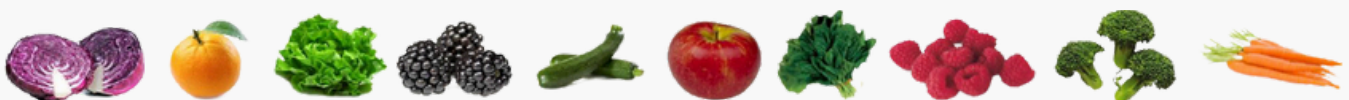
8 16 24 32 40 48 56 64 72 80 88 96 104 112 120 128 136 144 152 160 168 176 184



# WEEKLY VEGGIE SERVINGS

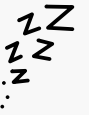


Day 1	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 2	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 3	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 4	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 5	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 6	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 7	Veg Colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Servings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





# DAILY SLEEP



Bed: \_\_\_\_\_ | Wake: \_\_\_\_\_ | Hours: \_\_\_\_ | Quality: 1 2 3 4 5 | Notes: \_\_\_\_\_

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Bed: \_\_\_\_\_ | Wake: \_\_\_\_\_ | Hours: \_\_\_\_ | Quality: 1 2 3 4 5 | Notes: \_\_\_\_\_



Type	Time	Smell/Description/Ease	Color
			Black Gray/ White Green Red Yellow Orange
			Black Gray/White Green Red Yellow Orange
			Black Gray/White Green Red Yellow Orange
			Black Grey/White Green Red Yellow Orange
			Black Gray/White Green Red Yellow Orange
			Black Gray/White Green Red Yellow Orange
			Black Gray/White Green Red Yellow Orange

Day	Frequency	Smell/Description/Pain	Color/pH
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

## BRISTOL STOOL CHART

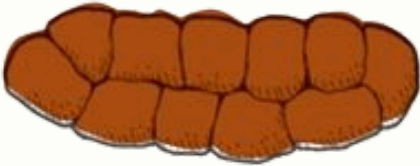
1



### Severe Constipation - Severe Dehydration

Separate hard lumps; difficult to pass  
Very slow transit time

2



### Mild Constipation - Mild Dehydration

Sausage-shaped but lumpy; somewhat difficult to pass

3



### Near Perfect

Sausage with cracks on the surface

4



### Perfect

Smooth sausage

5



### Lacking Fiber

Soft blobs with clear-cut edges; pass easily

6



### Mild Diarrhea

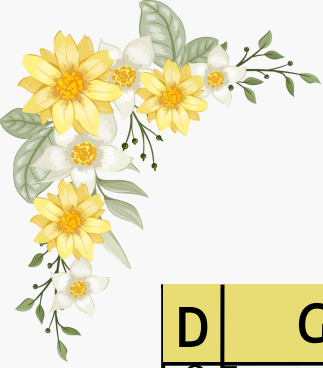
Fluffy or mushy pieces with ragged edges  
Greasy appearance = impaired fat digestion

7



### Severe Diarrhea - Bowel Inflammation/Illness

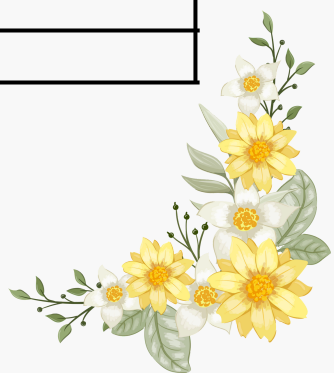
Watery with no solid pieces  
Very fast transit time



# SUNLIGHT & FRESH AIR TRACKER



D	Goal	AM	PM	Minutes
0	Ex. 6am/15min	5 6 7 8 9 10 11	12 1 2 3 4 5 6	0 5 10 15 20 25+
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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29				
30				
31				





# WORKOUT PLANNER



Activity	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Strength Training							
Cardio							
Flexibility and Mobility							
High-Intensity Interval Training							
Low-Impact Workouts							
Recovery and Rest Days							

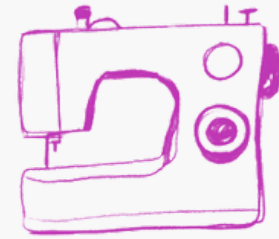
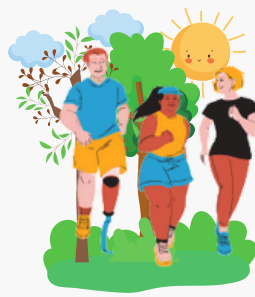
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Strength Training							
Cardio							
Flexibility and Mobility							
High-Intensity Interval Training							
Low-Impact Workouts							
Recovery and Rest Days							

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Activity	Sun	Mon	Tue	Wed	Thu	Fri	Sat
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Cardio							
Flexibility and Mobility							
High-Intensity Interval Training							
Low-Impact Workouts							
Recovery and Rest Days							

# WHOLESOME

# HOBBIES



## 1. Follow Your Curiosity

Ask yourself:

What do I enjoy or feel drawn to?

What did I love doing as a child?

Do I want something calming, creative, social, or active?

Let interest—not pressure—guide you.



## 2. Choose a Hobby That Heals

Look for hobbies that support health by being:

🧠 Mentally nourishing – reduces stress, sparks creativity

♀️ Physically engaging – adds gentle movement or body awareness

♥️ Emotionally grounding – brings calm, joy, or purpose



## 3. Start Small and Simple

Set a timer for 10 minutes and try it.

Take a beginner class or find a video online.

Do it with a friend—or treat it like a date with yourself.

No pressure. Think play, not performance.



## 4. Make It a Rhythm, not a Task

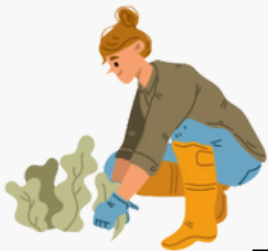
Tie it to something you already do (after lunch, before bed, etc.).

Focus on consistency, not perfection.

Celebrate the small wins—starting is the goal.

Remember:

A hobby doesn't have to be productive. It just needs to bring calm and joy to your life. 🎨 🧘 📖



# CELL TURNOVER TIMELINE

Your body is constantly rebuilding itself.

Everyday old cells are replaced with new ones—reflecting the body's ongoing capacity for repair, healing and restoration of health.

The choices you make today shapes the cells of tomorrow. Choose wisely.

cell type	turnover time	BNID
small intestine epithelium	2-4 days	107812, 109231
stomach	2-9 days	101940
blood Neutrophils	1-5 days	101940
white blood cells Eosinophils	2-5 days	109901, 109902
gastrointestinal colon crypt cells	3-4 days	107812
cervix	6 days	110321
lungs alveoli	8 days	101940
tongue taste buds (rat)	10 days	111427
platelets	10 days	111407,111408
bone osteoclasts	2 weeks	109906
intestine Paneth cells	20 days	107812
skin epidermis cells	10-30 days	109214, 109215
pancreas beta cells (rat)	20-50 days	109228
blood B cells (mouse)	4-7 weeks	107910
trachea	1-2 months	101940
hematopoietic stem cells	2 months	109232
sperm (male gametes)	2 months	110319, 110320
bone osteoblasts	3 months	109907
red blood cells	4 months	101706, 107875
liver hepatocyte cells	0.5-1 year	109233
fat cells	8 years	103455
cardiomyocytes	0.5-10% per year	107076, 107077, 107078
central nervous system	life time	101940
skeleton	10% per year	109908
lens cells	life time	109840
oocytes (female gametes)	life time	111451