

PROGRAM

HEALTHY gut

Module Six
Mindfulness

Notice to Reader

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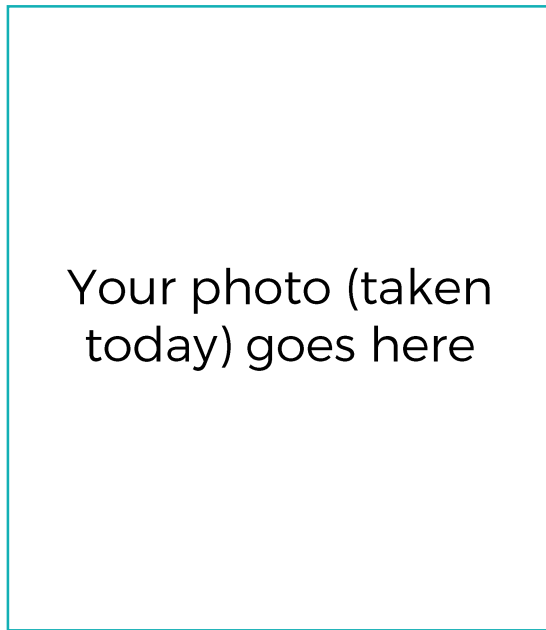
7601 Military Avenue, Omaha, NE 68134

<http://www.thehealthcoachgroup.com>

HEALTHY
gut
stats

weekly

Notes:



Weight

Height

Body Fat %

Blood Sugar

Heart Rate

Blood Pressure

Chest

Arms

Waist

Thighs

Hips

Date

HEALTHY gut

*my goal
action, and
reward*

Goal	
Change	
Deadline	
Motivation	
Steps	
Reward	

HEALTHY gut

*my goal
action, and
reward*

Goal	
Change	
Deadline	
Motivation	
Steps	
Reward	

HEALTHY gut

*my goal
action, and
reward*

Goal	
Change	
Deadline	
Motivation	
Steps	
Reward	

HEALTHY
gut
journal

Monday

Date _____

water

							
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supplements

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

medicine

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

mood



food log

goals

HEALTHY gut



pain

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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sleep log

<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 5
<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 6
<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 7
<input type="checkbox"/> Type 4	<input type="checkbox"/> Type 8



HEALTHY
gut
journal

Tuesday

Date _____

water

							
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supplements

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

medicine

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

mood



food log

goals

HEALTHY gut



pain

1	2	3	4	5	6	7	8	9	10
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sleep log

9	10	11	12	13	14	15	16	17	18				
19	20	21	22	23	24	1	2	3	4	5	6	7	8

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 5
<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 6
<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 7
<input type="checkbox"/> Type 4	<input type="checkbox"/> Type 8



Wednesday

Date _____

water



supplements

- _____
- _____
- _____
- _____

medicine

- _____
- _____
- _____
- _____
- _____
- _____

mood



food log

goals

HEALTHY gut



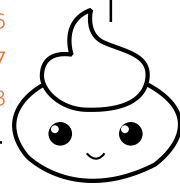
pain

1 2 3 4 5 6 7 8 9 10

sleep log

9	10	11	12	13	14	15	16	17	18				
19	20	21	22	23	24	1	2	3	4	5	6	7	8

- Type 1
- Type 2
- Type 3
- Type 4
- Type 5
- Type 6
- Type 7
- Type 8









HEALTHY
gut
journal

Thursday

Date _____

water

							
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supplements

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

medicine

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

mood



food log

goals

HEALTHY gut



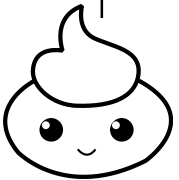
pain

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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sleep log

<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"/>	<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"/>
<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"/>	<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"/>

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 5
<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 6
<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 7
<input type="checkbox"/> Type 4	<input type="checkbox"/> Type 8



HEALTHY
gut
journal

Friday

Date _____

water

							
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supplements

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

medicine

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

mood



food log

goals

goals

HEALTHY gut



pain

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

sleep log

<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 5
<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 6
<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 7
<input type="checkbox"/> Type 4	<input type="checkbox"/> Type 8



Saturday

Date _____

water



supplements

- _____
- _____
- _____
- _____

medicine

- _____
- _____
- _____
- _____
- _____
- _____

mood



food log

goals

HEALTHY gut



pain

1 2 3 4 5 6 7 8 9 10

sleep log

9	10	11	12	13	14	15	16	17	18				
19	20	21	22	23	24	1	2	3	4	5	6	7	8

- Type 1
- Type 5
- Type 2
- Type 6
- Type 3
- Type 7
- Type 4
- Type 8



HEALTHY
gut
journal

Sunday

Date _____

water

supplements

- _____
- _____
- _____
- _____

medicine

- _____
- _____
- _____
- _____
- _____
- _____

mood

food log

goals

HEALTHY gut



pain

1 2 3 4 5 6 7 8 9 10

sleep log

9	10	11	12	13	14	15	16	17	18				
19	20	21	22	23	24	1	2	3	4	5	6	7	8

- Type 1
- Type 5
- Type 2
- Type 6
- Type 3
- Type 7
- Type 4
- Type 8

