

The 2 Week

HEALTH RESET

A Guide to Reframe and Reclaim Your Health

BY TRAVIS KRICK, B.S. NUTRITION, FOOD SCIENCE

Past Nutrition

Reflect on past eating, sleep, and exercise habits.

- If you've tried any diets in the past, how did they make you feel? What were the positive or negative aspects to them?
- Have you regularly eaten foods that you know don't make you feel good?
- What foods make you feel your best?
- Have you had trouble sleeping?
- Have you experienced any health problems?
- Have you set health goals in the past that you didn't accomplish? What do you think got in the way?
- Have you been hard on yourself about your food choices?
- Which forms of exercise have you tried that make you feel your best? Which ones have not?

Goals

Set 1 goal in each of these areas: Nutrition, Sleep, and Movement

Nutrition Goals:

Example Goals:

- Drink 20oz of water immediately when I wake up.
- Substitute for a healthier option such as potato chips for sprouted wheat crackers.
- Make a home cooked dinner 3x a week.

My nutrition goal is: _____

I want to accomplish this goal because: _____

I'll know I succeeded in my goal if: _____

Sleep Goals:

Example Goals:

- Get at least 8 hours of sleep per night.
- Go to bed by 10PM on weeknights.
- Turn off screens by 9PM.

My sleep goal is: _____

I want to accomplish this goal because: _____

I'll know I succeeded in my goal if: _____

Movement Goals:

Example Goals:

- Walk 2 miles a day.
- Work up a sweat 3 days a week.
- Exercise 30 minutes a day 5 days a week.

My movement goal is: _____

I want to accomplish this goal because: _____

I'll know I succeeded in my goal if: _____

Day 1

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc)

Do you noticed any differences in how you feel today as opposed to yesterday?

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc)

Is there anything you can change to feel better tomorrow?

Did I make progress on my nutrition, sleep, and movement goals?

Day 2

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 3

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 4

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 5

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 6

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 7

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 8

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 9

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 10

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc)

Do you noticed any differences in how you feel today as opposed to yesterday?

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc)

Is there anything you can change to feel better tomorrow?

Did I make progress on my nutrition, sleep, and movement goals?

Day 11

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 12

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 13

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

Day 14

Daily Morning Check In

How are you feeling? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Do you noticed any differences in how you feel today as opposed to yesterday? _____

Daily Evening Check In

How did you feel throughout the day? (Tired, energetic, stiff, sore, in pain, excited, depressed, etc) _____

Is there anything you can change to feel better tomorrow? _____

Did I make progress on my nutrition, sleep, and movement goals? _____

2 Week Wrap Up

Did you notice any changes in your overall health in these 2 weeks? _____

Did you achieve any or all of your 3 goals? _____

Have you been more mindful of how your body feels throughout each day? _____

Do you want to extend any of your goals to continue after this 2 week reset? _____
