MediRN Healthy Living Series™

Men's Health & Wellness Workbook (40+)

A Nurse-Led Wellness Companion

Welcome

Welcome to your wellness journey. This workbook is designed to help men 40+ stay organized, monitor their health, and prepare for healthcare visits.

About MediRN

MediRN provides nurse-led health education, wellness planning, and preventive resources to help adults 40+ achieve healthier lives.

How to Use This Workbook

Use the checklists and trackers consistently, bring this workbook to appointments, and review your progress each month.

Annual Men's Health Checklist

- ■ Annual Wellness Visit
- ■ Blood Pressure
- ■ Cholesterol
- ■ Blood Sugar/A1C
- ■ Colorectal Screening
- ■ Discuss Prostate Screening
- ■ Testicular Self-Awareness
- ■ Vision Exam
- ■ Dental Exam
- ■ Skin Check
- ■ Vaccinations
- ■ Exercise
- ■ Hydration
- ■ Sleep

Health Snapshot

Track weight, waist measurement, blood pressure, medications, allergies, providers, and key laboratory values.

Medication Log

Medication | Dose | Purpose | Prescriber | Notes

Medical Appointment Log

Date | Provider | Purpose | Follow-up

Blood Pressure Tracker

Monitor readings and discuss trends with your healthcare provider.

Blood Sugar Tracker

Track fasting or post-meal glucose if recommended.

Weight Tracker

Monitor your progress over time.

Water & Sleep Tracker

Record hydration and nightly sleep.

Exercise & Nutrition

Plan weekly exercise and balanced meals.

Stress & Gratitude

Record stress-management techniques and one thing you're grateful for daily.

Monthly Reflection

Celebrate wins and identify goals for the next month.

Day 1 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 2 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 3 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 4 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 5 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 6 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 7 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 8 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 9 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 10 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 11 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 12 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 13 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 14 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 15 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 16 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 17 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 18 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 19 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 20 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 21 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 22 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 23 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 24 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 25 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 26 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 27 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 28 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 29 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 30 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Day 31 Wellness Journal

Today's Mood: _____

Energy Level: _____

Water Intake: _____

Exercise Completed: _____

Healthy Meals: _____

Sleep (hours): _____

Medications Taken: _____

One Healthy Choice I Made Today

_____

_____

Today's Biggest Challenge

_____

_____

One Thing I'm Grateful For

_____

_____

Notes

_____

_____

Tomorrow's Goal

_____

_____

Continue Your Wellness Journey

Ready for personalized guidance? Schedule a MediRN Wellness Assessment and use coupon code **NEW26** for **20% OFF** your first assessment.

MediRN LLC
www.medirnllc.com
info@medirnllc.com
843-326-0006

A Message from Doris "Katt" Amsterdam, RN
Thank you for trusting MediRN. We are honored to support your journey toward better health through prevention, education, and wellness.