



# COVET

THE "DISRESPECTFUL" HEALTH  
AND WELLNESS JOURNAL

Sagashus T.  
Levingston PhD

VOLUME ONE

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## SUPPLEMENTAL MATERIALS

2022



LITTLE CREEK PRESS<sup>®</sup>  
AND BOOK DESIGN  
MINERAL POINT, WISCONSIN

Dear Boss Lady,

As the founder of Infamous Mothers, LLC—the company that specializes in connecting with, inspiring, and growing the power of badass moms who do extraordinary things—I know firsthand, how easy it is to get caught up in the work of fulfilling dreams while neglecting the overall wellbeing of the dreamer. I see it all the time when I coach women, lead classes and retreats, and run workshops. I see it in my own life when I’m backed against a wall on a project or fighting to meet a deadline.

Aware of the research around workplace stress, the maternal and infant mortality rate for black women, and the reality that mothers are the first to be left behind when it comes to self care, we committed to creating a safe space for our women to grow their wealth alongside their health because we are not martyrs.

In 2020 and 2021, the UW Health Foundation, CUNA Mutual Group Foundation and American Family Institute for Social and Corporate Impact sponsored pilot programming for our 3rd Space Virtual Coworking. That programming included a one-of-a-kind wealth series, the creation of several classes and courses and a health and wellness program called Covet, which included strength training, yoga, a Wellness Wins (WW) membership, and weekly check-ins.

From the many beautiful experiences, lessons, and bonds that grew from that series came *Covet: The “Disrespectful” Health and Wellness Journal*. I created this book for our women to maintain connections between their mind and body, to offer one place to record the various stats they were retrieving across several apps (steps, water, food points, sleep, etc.), and to create a safe space to vent, reflect, and plan.

When we created *Covet: The “Disrespectful” Health and Wellness Journal*, there was only so much we could fit into one book without doing too much. But since I’m SO “extra,” we created the supplemental materials. I wanted you to have these because, over the years, they have made a difference in my health and wellness journey, especially when I’ve strayed off course and needed to find my way back or when I’m overwhelmed and need to feel more grounded. Consider this a “back to basics” packet. It includes the following materials:

- **Habit Tracker**
- **Workout Log**
- **Recipe Log**
- **Groceries (fill-in)**
- **Weekly Meal Plan (fill-in)**
- **Recipes (to record new recipes)**

While I know we are living in a digital world, there’s something very therapeutic about slowing down and putting pen to paper as we deepen our commitment to health and wellness. Whether you are recording your experience for the therapy, building a written history you can refer to or building good old muscle memory, I hope you can put these to good use. And I hope that this is either the start of a relationship with you or one more opportunity to deepen the one we have.

Stay Infamous!

—Dr. Sagashus

# Habit Tracker

Write down your habit, then mark the numbered boxes to track your progress.

MONTH: \_\_\_\_\_

HABIT: \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |    |

MONTH: \_\_\_\_\_

HABIT: \_\_\_\_\_

|    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|
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| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |    |    |

# Workout Log

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Week #:

(Rank: 1 most fun, 3 least fun; 1 not so difficult, 3 very difficult)

|       | Activity | Fun | Difficulty | Time | Distance | Sets | Reps | Weight |
|-------|----------|-----|------------|------|----------|------|------|--------|
| Day 1 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 2 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 3 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 4 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 5 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 6 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 7 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |

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| Day 1 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 2 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 3 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 4 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 5 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 6 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 7 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
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|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 2 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 3 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 4 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 5 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 6 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 7 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |

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|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 2 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 3 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 4 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 5 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
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|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
| Day 7 |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |
|       |          |     |            |      |          |      |      |        |

**Recipe for:**

---

From the Kitchen of:

---

Serves:

---

Prep Time:

---

Total Time:

---

Oven Temp:

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Ingredients:

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Directions:

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---

From the Kitchen of:

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Directions:

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**Groceries**

|            |              |               |              |
|------------|--------------|---------------|--------------|
| Vegetables | Condiments   | Baking/Spices | Canned Goods |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Bread/Grains | Beverages     |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               | For the Home |
| Fruit      |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Dairy        | Snacks        | Toiletries   |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
| Meat/Fish  |              |               | Pets         |
|            |              |               |              |
|            |              |               |              |
|            | Frozen Food  |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |

## Groceries

|            |              |               |              |
|------------|--------------|---------------|--------------|
| Vegetables | Condiments   | Baking/Spices | Canned Goods |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Bread/Grains | Beverages     |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               | For the Home |
| Fruit      |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Dairy        | Snacks        | Toiletries   |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
| Meat/Fish  |              |               | Pets         |
|            |              |               |              |
|            |              |               |              |
|            | Frozen Food  |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
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**Groceries**

|            |              |               |              |
|------------|--------------|---------------|--------------|
| Vegetables | Condiments   | Baking/Spices | Canned Goods |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Bread/Grains | Beverages     |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               | For the Home |
| Fruit      |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            | Dairy        | Snacks        | Toiletries   |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
| Meat/Fish  |              |               | Pets         |
|            |              |               |              |
|            | Frozen Food  |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |

**Groceries**

|            |              |               |              |
|------------|--------------|---------------|--------------|
| Vegetables | Condiments   | Baking/Spices | Canned Goods |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
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|            |              |               |              |
|            |              |               |              |
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|            | Dairy        | Snacks        | Toiletries   |
|            |              |               |              |
|            |              |               |              |
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| Meat/Fish  |              |               | Pets         |
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|            | Frozen Food  |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |
|            |              |               |              |

# Weekly Meal Plan

Week #:

|           | Breakfast | Lunch | Dinner | Snacks |
|-----------|-----------|-------|--------|--------|
| Sunday    |           |       |        |        |
| Monday    |           |       |        |        |
| Tuesday   |           |       |        |        |
| Wednesday |           |       |        |        |
| Thursday  |           |       |        |        |
| Friday    |           |       |        |        |
| Saturday  |           |       |        |        |

# Weekly Meal Plan

Week #:

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|           | Breakfast | Lunch | Dinner | Snacks |
|-----------|-----------|-------|--------|--------|
| Sunday    |           |       |        |        |
| Monday    |           |       |        |        |
| Tuesday   |           |       |        |        |
| Wednesday |           |       |        |        |
| Thursday  |           |       |        |        |
| Friday    |           |       |        |        |
| Saturday  |           |       |        |        |

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| Wednesday |           |       |        |        |
| Thursday  |           |       |        |        |
| Friday    |           |       |        |        |
| Saturday  |           |       |        |        |

# The Weekly Meal Plan

Week #:

---

|           | Breakfast | Lunch | Dinner | Snacks |
|-----------|-----------|-------|--------|--------|
| Sunday    |           |       |        |        |
| Monday    |           |       |        |        |
| Tuesday   |           |       |        |        |
| Wednesday |           |       |        |        |
| Thursday  |           |       |        |        |
| Friday    |           |       |        |        |
| Saturday  |           |       |        |        |









