

Healthy New Year!

Log your health-related goals and intentions for the New Year below! Track your progress throughout the year by checking the box next to each goal as you complete it.

2022 HEALTH GOALS

<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"/>

DO MORE OF:

DO LESS OF:

MENTAL

MENTAL

PHYSICAL

PHYSICAL

EMOTIONAL

EMOTIONAL

12 Mantras to Shift Your Mindset in 2022

Cut out your favorite mindfulness mantras and attach them around your home, workspace, etc., to help shift your mindset year round.



**PROGRESS
OVER
PERFECTION**



**TODAY,
I AM
PERFECT**



**BE
FEARLESS**



**I LISTEN TO
MY BODY AND
GIVE IT WHAT
IT NEEDS**



**I AM
ENOUGH**



**SEIZE THE
MOMENT**



**GOOD HEALTH
IS A PRACTICE
AND I HAVE
PATIENCE**



**DISCONNECT
TO
RECONNECT**



**SHOW UP
TODAY**



**INHALE.
EXHALE.**



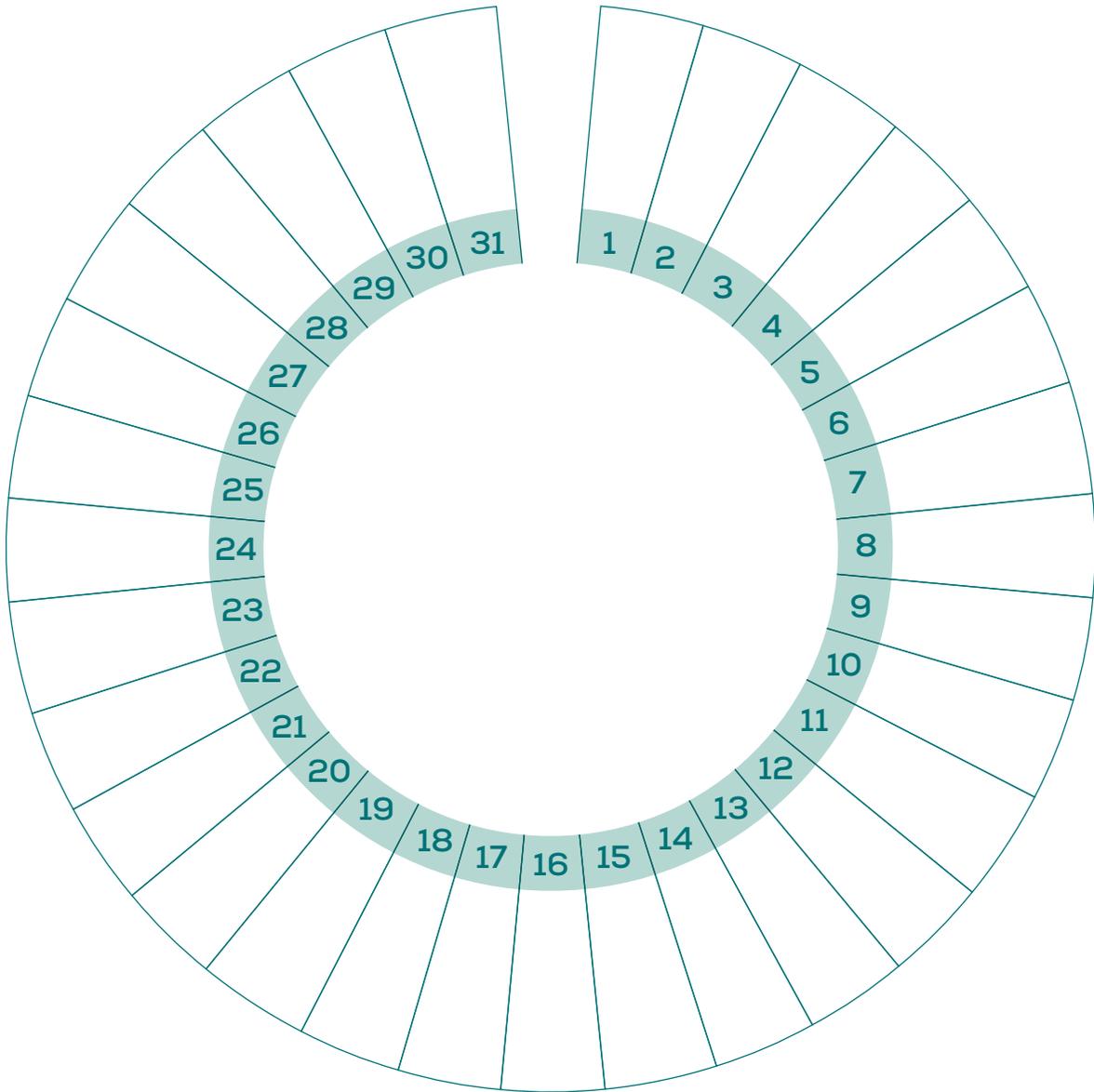
**SELF-CARE IS
NOT SELFISH**



**JUST KEEP
MOVING!**

Mood Tracker

MONTH: _____



MOOD COLOR KEY

Fill in each mood below with a different color. Use the circle above to track your mood daily with the corresponding coloring.



Productive



Tired



Depressed



Neutral





Anxious



Energetic



Stressed



Sick



Drink Up! Daily Water Intake for Women

Track your water daily water consumption with this water intake log to ensure you're hitting your hydration goals.

Reminder: it's recommended that men drink about 15.5 cups of water each day!



= 1 cup of water



= 1/2 cup of water

WEEK OF: _____

SUN	MON	TUE	WED	THU	FRI	SAT

Yearly Health & Appointment Stickers

Directions: Print and cut out each sticker. Use the health stickers with your planner or calendar to help you keep track of important health dates, check-ins, or appointments.

DOCTOR'S APPT.

DR: _____

TIME: _____

DOCTOR'S APPT.

DR: _____

TIME: _____

DOCTOR'S APPT.

DR: _____

TIME: _____

DOCTOR'S APPT.

DR: _____

TIME: _____

DOCTOR'S APPT.

DR: _____

TIME: _____

DOCTOR'S APPT.

DR: _____

TIME: _____

APPT _____

APPT _____

APPT _____

APPT _____

APPT _____

APPT _____

AT-HOME HEALTH TEST

 **REMINDER:**
WELLNESS
CHECK-IN

 **REMINDER:**
WELLNESS
CHECK-IN

 **REMINDER:**
WELLNESS
CHECK-IN

 **REMINDER:**
MENTAL HEALTH
CHECK-IN

 **REMINDER:**
MENTAL HEALTH
CHECK-IN

 **REMINDER:**
MENTAL HEALTH
CHECK-IN