



MINISTRY HEALTH CARE

**EMPLOYER
SOLUTIONS**
MINISTRY MEDICAL GROUP & AFFILIATE MEDICAL GROUP



**2016
Ministry Health Care
Worksite Wellness Summit**

Self-Coaching Wellness Workbook & Calendar

Self-Coaching Wellness Workbook

Living a well life starts with your engagement and understanding of what a well life encompasses. However, it is also filled with challenges and requires a commitment to growing and learning new ways to increase health and happiness. Making the most out of your potential is a dream we all share. This book was designed to be your wellness guide, and to present you with opportunities to learn different ways to increase healthy and happy living.

What do we mean by living a well life?

Really, what we mean is being an active participant in your wellbeing. Wellbeing and wellness are words that have been used in many ways to describe healthy living. We like them, but they can also mean many things, so it is good to help define what they mean. Although there might be a wide range of views about what wellness

SPIRITUAL – The development of belief systems, values, and creating a world-view.

PHYSICAL – The benefits of regular physical activity, healthy eating habits, strength and vitality as well as personal responsibility, self-care and when to seek medical attention.

EMOTIONAL – Self-esteem, self-control, and determination as a sense of direction.

INTELLECTUAL – Creative and stimulating mental activities, and sharing your gifts with others.



gutter area for binding
(no print)

and wellbeing encompasses, the National Wellness Institute, along with the help of leaders in health and wellness, shared many interpretations and models of wellness, and this is what they determined **wellness** is:

- A conscious, self-directed and evolving process of achieving full potential
- Multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment
- Positive and affirming

So, how can I live a life of fulfillment?

The key to achieving your full potential, and living a well life, is to discover how different areas of your life impact others. While there are many models of wellness and wellbeing, most of them encompass main focus groupings of your life. One of the oldest and most recognized wellness models was created by Bill Hettler and the National Wellness Institute. In this model these areas are identified as:

SOCIAL – How a person contributes to their environment and community, and how to build better living spaces and social networks.

OCCUPATIONAL – The enrichment of life through work.

Now that we understand wellness and wellbeing a little bit more, let's work on applying a wellness approach to your life and start making some changes today:

STEP 1 – Choose something you want to change

Think about a behavior you want to change. Unless you have a behavior that requires immediate medical intervention, it is usually best to choose a simple one. As you gain experience with the behavior change process, you will be better able to successfully change more challenging behaviors. Think about areas of your life that are the most challenging and focus on something you feel like you want to change.

Which behavior do you want to change?

STEPS 2-4

STEP 2 – What are the benefits of changing?

Identifying the benefits of your new behavior will help increase your motivation to change this behavior.

Examples:

- I will be happier.
- I will have more time to spend with my family and friends.
- My life will be less stressful.
- I will enjoy a higher quality of life.

Identify personal benefits you anticipate from this behavior change:

1. _____

2. _____

3. _____

STEP 3 – What are your behavior change goals?

Having realistic and achievable goals are the foundations for successful lifestyle change. Using long-term and short-term goals can help you make lasting change. Think of your long-term goal as the big change you want to make, and your short-term goals are the steps to get there. As short-term goals are accomplished, the long-term goal starts to become more achievable and likely to last.

Long-term Goal

Identify the overall target for behavior change.

Example: I will manage my time to allow one hour per day for enjoyment.

What is your long-term goal?

Short-term Goals

Identify short-term goals that will create a step-by-step plan to achieve your goal.

Examples:

- I will make time for enjoyment a priority.
- I will create a “to do” list each day.
- I will arrange my “to do” list by priority.
- I will estimate the time needed to complete each task.
- I will make a “do-able” list for each day.

What are your short-term goals?

Step 4 - How ready are you?

Making sure you’re ready to make a change is the most critical step to improving your life. Take this quick assessment to determine your readiness. If you answer “no” to any of the questions in the following Target Behavior Test, you might consider altering your environment or priorities, consider choosing another behavior which appeals to you more or set a more achievable goal that allows you to answer “yes” to all questions in the Target Behavior Test.

1. Changing this behavior is important to me.

- Yes No

2. I have a positive attitude about my ability to successfully change this behavior.

- Yes No

3. I am likely to be healthier or live in a healthier environment if I change this behavior.

- Yes No

4. If necessary, I am able or willing to spend the money required to help change this behavior.

- Yes No

STEP 5

5. I am willing to devote the time necessary to change this behavior.

Yes No

6. I have chosen a target goal that I will be able to measure or count.

Yes No

7. I have selected an achievable goal. (e.g., "I will lose one pound per week by increasing my level of exercise" is probably a realistic goal. "I will lose twenty pounds this month" is probably an unrealistic goal and may be unsafe.)

Yes No

8. I can identify others who will provide support for my behavior change.

Yes No

STEP 5 – What are the *helpers* and *hurdles* to this behavior change?

Helpers and hurdles are not always part of our change planning, but they tend to play significant roles in

how successful you will be at making a lasting lifestyle change. Identify the helpers and the hurdles so you're prepared to stay on task with your goals.

Examples of Helpers:

- I will schedule fun things so they become part of my daily routine.
- I will join a fitness program and arrange for a personal trainer.
- I will purchase only heart-healthy foods.
- I will change jobs to allow more time with family and friends.

List your helpers:

1. _____

2. _____

3. _____

Identify hurdles that can potentially hinder you in your behavior change process and at least one solution to overcome each hurdle you list.

Examples of hurdles and solutions:

- Unexpected things may happen that will interfere with my scheduled fun time. I will adjust other priorities rather than eliminate my free time.
- I may not be able to afford the membership and personal trainer. I will search for less expensive options for exercise.
- Sometimes I don't seem to have enough will-power. I will arrange for positive social support and remember past success when faced with obstacles.
- Financially, I need to keep my job because it pays very well. I will cut back on other expenditures and make my health change a top priority.

List your possible hurdles to achieving your goals:

1. _____

2. _____

3. _____

List your solutions for overcoming your hurdles:

1. _____

2. _____

3. _____

STEP 6 & 7

Step 6 – What will be your reward?

Choose enjoyable, positive rewards to motivate yourself to a successful behavior change. Make sure you reward yourself for the attainment of your short-term goals as well as your long-term goals. Rewards can be both external and internal, e. g., positive thoughts about efforts and success.

Hints about rewards:

- Take care to reward yourself with external rewards and positive thoughts about your efforts and successes.
- Reward yourself as quickly as possible when you are successful.
- Adjust your rewards as necessary.
- When you first begin to change your behavior, reward yourself each time you are successful; after your target behavior is well-established, reward yourself less frequently.
- Practice thinking positively about your decision to change, courage to change, determination to persist, and how you have succeeded in past efforts to make changes, despite challenges.

Examples of rewards:

- *I will invite friends to my home to for a social or movie night.*
- *I will take a relaxing bicycle ride with a friend.*
- *I will tell myself how well I am doing and think about how I feel better, physically and mentally.*
- *I will treat myself to a massage.*

List rewards appropriate for accomplishing your short-term goals:

1. _____

2. _____

3. _____

List the reward for accomplishing your long-term goal:

1. _____

Step 7 – Tracking your progress

It is time to actually begin your behavior change. As a brief review:

- Consider the benefits of your behavior change.
- Be clear about your goals.
- Use helpers that you believe will be successful.
- Plan to encounter and overcome hurdles.
- Alter your environment to support your lifestyle changes.
- Be sure to reward yourself.
- Have fun.

Record your progress as you work through your behavior change. Record keeping can help you to be

successful. By observing your progress you can discover reasons for success or failure.

Use this month-by-month guide to track healthy behaviors, learn simple tips to keep you focused, and to follow your progress as you strive for a better you.

Most people are not successful in their first attempt to modify health behaviors. Learning from failures and being persistent are two qualities of people who are ultimately successful.

Sections of the Self-Coaching Wellness Workbook were reprinted by permission from the "Making Wellness Work for You" behavior change guide, Copyright 1993, 1998, 2009, 2015 National Wellness Institute, Inc. All rights reserved.

Develop a "HABIT"

Highly
Automatic
Behavior
Intensified Over
Time

A healthy lifestyle is made up of a whole collection of small daily decisions. The decision to drink water instead of soda may seem unimportant, but when spread out over a week, a month or even a year can lead into development of newer habits that result to a more healthier and happier you.

CHALLENGE

For each day in the week, check off the color coded boxes on the calendar below that you successfully achieved on a daily basis. The different colors represent a specific activity followed by specific guidelines for achieving a healthier lifestyle. If you did not complete it, do not check the box. **The goal is to have all four checked off daily.**

Guidelines

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, chose something health-related you want to complete on that day. For example, create a list of ten things you are grateful for. Be creative!

APRIL 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 GOAL _____
3	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 GOAL _____
10	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 GOAL _____
17	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 GOAL _____
24	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 GOAL _____

It is a good recommendation to create and record a list of goals that you want to accomplish each month. They can be short-term or long-term goals. In your calendar, you can list both short-term and long-term goals to help you make lasting change!

What is your goal this month?

What is my motivation and inspiration to help achieve this goal this month?

Reward: How am I rewarding myself if I accomplish my goals?

The Fastest Way to Get Fit ... "HIIT"

High-Intensity Interval Training (HIIT) involves alternating between all-out efforts and lower intensity. Try starting with 30 seconds of running on the treadmill or outside as fast as you can. After 30 seconds, slow down to a walking pace for 1-3 minutes of recovery. Repeat 9 times, for a total of 10 intervals.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

MAY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> Family Crisis Center 5k Race/Recreational Walk <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 GOAL _____
8	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 PedaLoops – A Spring Cycling Tour
15	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 GOAL _____
22	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 GOAL _____
29	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

Performing 30 minutes of exercise five days a week totals 150 minutes per week. Regular exercise each week will help you burn calories, brighten your mood, and reduce risk of heart disease and diabetes.

Did you reach your goals last month?

If not, what kept you from reaching your goal? (time, motivation, etc.)

How do you plan to overcome obstacles that kept you from reaching your goal?

What is your goal this month?

Team Up Together

The benefits of having a friend join you in exercise go beyond moral support.

Having company for workouts will help...

- Relax you and make you feel more calm
- Commit you to your workout regimen
- Increase motivation

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

JUNE 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> Walk Wisconsin
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 GOAL _____
12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 GOAL _____
19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>	25 GOAL _____
26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>		

Three 10-minute walks each day is a smart strategy for blood pressure control.

My goals this month are:

What is my motivation and inspiration to help achieve this goal this month?

Identify personal benefits you anticipate will happen from achieving this goal (feeling better, more energy, improved self-confidence):

Eat Fresh Fiber

One of the healthiest things you will ever do is eat more raw fruits and vegetables. Pick your favorite fruit or vegetable or try something new each week and consume it more often. Make an effort to consume some form of raw fruit or vegetable with every meal or snack daily.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

JULY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Organic Strawberries are loaded with antioxidants and have the power to lower blood sugar. Pick strawberries that are red from the tops to the tip, and buy organic strawberries because they won't have the pesticide load and expose you to toxins.</p>					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 GOAL _____
2	3	4	5	6	7	8
	<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"/>	GOAL _____
9	10	11	12	13	14	15
	<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"/>	GOAL _____
16	17	18	19	20	21	22
	<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"/>	GOAL _____
23	24	25	26	27	28	29
	<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"/>	Celebrate Plover Day & Cycling Tour
30	31	<p>Did you reach your goals last month? _____</p> <p>If not, what kept you from reaching your goal? (time, motivation, etc.) _____</p> <p>How do you plan to overcome obstacles that kept you from reaching your goal? _____</p> <p>What is your goal this month? _____</p>				

Limit Empty Calories

The typical American diet is full of processed foods containing high amounts of fat, sugar and salt. Most processed foods like cookies, chips, candy and sugar-sweetened beverages are considered empty calorie foods because they have little to no nutritional value but contribute to excess calories and weight gain.

Making simple switches like replacing sugar-sweetened beverages with water, choosing grilled meats instead of fried and choosing whole fruit instead of fruit juices creates a calorie reduction that can lead to weight-loss.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

AUGUST 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The Boys and Girls Club Bike-a-thon
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GOAL _____
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YMCA Duathlon
21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GOAL _____
28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The average soft drink is at least 20 ounces and contains 250 calories, which is equal to 15 teaspoons of sugar. The American Heart Association recommends 9 teaspoons of sugar per day for men and 6 teaspoons of sugar per day for woman.		

My goals this month are:

What is my motivation and inspiration to help achieve this goal this month?

Identify personal benefits you anticipate will happen from achieving this goal:

Eat Breakfast

Research has found that eating breakfast is likely to improve cognitive functioning related to memory and provides you with the energy and nutrients that lead to increased concentration. Reach for these foods for a quick and healthy breakfast during those busy mornings.

- Apple slices with peanut butter
- Boiled eggs and a piece of fruit
- Greek yogurt with granola and fresh berries

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

SEPTEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 GOAL _____
4	5 Rosholt Labor Day Run <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 GOAL _____
11	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 GOAL _____
18	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 Hard Rocks Hiking Challenge
25	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Did you reach your goals last month? _____	If not, what kept you from reaching your goal? (time, motivation, etc.) _____	How do you plan to overcome obstacles that kept you from reaching your goal? _____	What is your goal this month? _____	

Don't Eat When You're Stressed

Eating when you're stressed damages your body and upsets your digestive system. This causes food to not digest properly in the intestines and upsetting the balance of good and bad bacteria in your gut. Stress eating also hinders the intestine's ability to break down and absorb key nutrients.

Eating when you're stressed leads to unconscious eating, resulting in eating more and reaching for unhealthy and highly processed foods which can lead to weight gain.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

OCTOBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
<p>If you are stressed and tempted to raid the cupboard, drink a glass of water and go for a five minute walk instead. Whenever possible, eat in places where you feel calm and happy.</p>						1 GOAL _____	
2	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 Lettie's River Run	
9	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 Moon Walk	
16 St. Brons Marathon	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 GOAL _____	
23	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 GOAL _____	
30	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	My goals this month are: _____ _____ _____			What is my motivation and inspiration to help achieve this goal this month? _____ _____ _____		Identify personal benefits you anticipate will happen from achieving this goal: _____ _____ _____

Practice Sleep Hygiene

Too little sleep can lead to increased stress levels, compromised metabolism increasing weight gain, suppressed immune system, depression, and a host of other health problems. According to the National Institute of Health, 7 to 8 is the number of hours of sleep adults need daily.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

NOVEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 GOAL _____
6	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 GOAL _____
13	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 GOAL _____
20	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turkey Trot at Bukolt Park	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 GOAL _____
27	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Keep your bedroom quiet, dark, and at a cool temperature. Go to bed and get up at the same time every day. A consistent routine will help your body know when it's time to sleep.</p>		
		Did you reach your goals last month? _____	If not, what kept you from reaching your goal? (time, motivation, etc.) _____	How do you plan to overcome obstacles that kept you from reaching your goal? _____	What is your goal this month? _____	

Embrace Gratitude

One of the most reliable ways to boost your health, happiness, and connection with others is also one of the simplest: giving thanks.

Keeping a gratitude journal and writing your thoughts on paper allows you to consciously note your appreciation for all the good things and people in your life. When you're scared or angry, practicing gratitude in this way can help you put things into perspective, ease your anxiety, and improve your mood. Below are tips to help you document gratefulness more frequently.

1. **Reflect** – Note 2-3 things you're grateful for, such as you had a balanced meal for breakfast.
2. **Go deep** – Express your emotions about things you experience. How did you feel?
3. **Be real** – record the good in your life, but also challenges and setbacks and what you learned from them.
4. **Make it a habit** – Keeping a gratitude journal weekly is the best way to establish consistency.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

DECEMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 YMCA Annual Frostbite Race in Stevens Point
4	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 GOAL _____
11	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 GOAL _____
18	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 GOAL _____
25	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 GOAL _____

I am grateful for:

My goals this month are:

What is my motivation and inspiration to help achieve this goal this month?

Reward: How am I rewarding myself if I accomplish my goals?

Put Your Goals into Practice

It's that time of year. Dedicate the time and effort toward setting goals on things you want and can accomplish that will bring richness and joy to your life.

Use this framework to help you get started setting a goal. Think about a new goal you'd like to set for a desired behavior change. Transform your goal into a process by filling in the blanks below:

What would you like to change? _____

"I want to figure out how to _____ (the change you want to see) by trying _____ (how you plan to do it). If I get stuck or the process makes me unhappy, I will also try _____ or _____ until I learn what works for me. I will search for a solution and update my thinking whenever I see _____ (a negative emotion, like loss of joy, or a relapse to my old way). I am the designer of my own behavior."

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

JANUARY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 GOAL _____
8	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 GOAL _____
15	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 GOAL _____
22	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 GOAL _____
29	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

It is the new year!
Did you accomplish all you wanted in 2016?

What are your long-term goals for 2017?

What are some short-term goals to help you accomplish these goals?

How do you plan to overcome those obstacles that could keep you from reaching your goal?

Hydrate and Drink Up!

Water is crucial to keeping you healthy. A recent study found that subjects who drank ½ liter (about 2 cups) of water before each meal lost about 4 ½ more pounds over 12 weeks than those who didn't.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

FEBRUARY 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 GOAL _____
5	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 GOAL _____
12	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 GOAL _____
19	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 GOAL _____
26	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Set a reminder to drink one cup of water every hour to stay hydrated throughout the day.		

How's it going? Are you finding reaching your goals to be a doable task?

My goals this month are:

What is my motivation and inspiration to help achieve this goal this month?

Identify personal benefits you anticipate will happen from achieving this goal:

Set Positive Intentions Daily

Practice setting positive intentions daily to create more ease, happiness, and growth in your life.

Try this simple daily practice for 10 days and see the connection between your intentions and your experiences.

1. Set a positive intention first thing in the morning. (ex: *My intention is not to be stressed today*)
2. Write it down. Carry it with you. Read it to remind yourself how you plan to experience that intention.
3. Check in at the end of the day and make a list of the experiences that reflect your intention.
4. Repeat for 10 days. Then, look back at your notes and enjoy what you see.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. $130 \text{ lbs.} / 2 = 65 \text{ ounces of water daily}$)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

MARCH 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 GOAL _____
5	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 GOAL _____
12	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 GOAL _____
19	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 GOAL _____
26	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Did you reach your goals last month?

If not, what kept you from reaching your goal?

How do you plan to overcome obstacles that kept you from reaching your goal?

What is your goal this month?

Unplug the Electronics

Technology use before bed is problematic. Screen time tricks the brain and keeps the brain alert and delays the natural release of relaxation. Turning off social media and finding contentment in our present space is a welcome skill. Unplug all electronics at least 1 hour before bedtime so you can have a relaxing and restful sleep.

CHALLENGE

Continue to check off color-coded boxes on the calendar below and continue tracking what you successfully achieved on a daily basis.

- Exercise:** Complete at least 30 minutes of exercise daily.
- Sleep:** Get 6 to 8 hours of sleep daily.
- Vegetables:** Consume at least 3 to 5 servings of vegetables every day.
- Water intake:** Take your body weight divided by 2. This will determine the number of ounces of water you should consume on a daily basis. (Ex. 130 lbs./2 = 65 ounces of water daily)

By Saturday and Sunday, choose something health-related you want to complete on that day.

Remember to track and record your challenges!

APRIL 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Being enclosed in a technology-filled bubble weakens your connection to nature, and you begin to forget about the simple things.						1 GOAL _____
2	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 GOAL _____
9	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 GOAL _____
16	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 GOAL _____
23	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 GOAL _____
30		My goals this month are: _____ _____		What is my motivation and inspiration to help achieve this goal this month? _____ _____		Identify personal benefits you anticipate will happen from achieving this goal: _____ _____

For more information about local events, go to:
activeportagecounty.com

Ministry would like to thank Digicopy,
Portage County Health and Human Services,
and Saint Michael's Foundation for their sponsorship.



MINISTRY HEALTH CARE

ministryhealth.org