# Healthy Intentions

## A Wellness Habit Tracker for the Second Half of the Year

Your personal companion for building lasting habits — one intention at a time.

### How to Use This Tracker

This tracker is designed to complement your care at Renew Women's Wellness. Use it daily or weekly — however it works best for you. There is no 'perfect' way to fill it in. Start with the SMART Goals page, then track your four core wellness pillars each day. Revisit the Mid-Year Reset section at the end of summer to reflect and adjust.

| Hydration | Movement | Sleep | Sun Protection |
|---|---|---|---|
| Daily water intake & quality | Type, duration & energy | Hours & quality rating | SPF + protective habits |

Name: _____

Provider: Kim

Start Date: _____

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# Setting Your SMART Health Goals

ASMARTgoal is Specific, Measurable,Achievable, Relevant, andTime-bound.Use the prompts below to write 2–3 intentions you'd like to build on through the rest of this year.

| | | |
|---|---|---|
| S | **Specific** | What exactly will you do? Be clear — not 'eat better' but 'add vegetables to lunch.' |
| M | **Measurable** | How will you know you're making progress? Think in numbers or frequency. |
| A | **Achievable** | Is this realistic for your current schedule, energy, and health? |
| R | **Relevant** | Does this support how you want to feel — in your body and your life? |
| T | **Time-bound** | Give it a time frame. 'For the next 8 weeks' is more motivating than 'forever.' |

## Health Intention #1

**My intention:** e.g., I want to improve my sleep quality

**Specific action:** e.g., I will be in bed by 10 pm on weeknights

**How I'll measure it:** e.g., Track sleep quality score each morning

**Time frame:** e.g., July through September

**Why it matters to me:** e.g., I want to feel less foggy and more energized

## Health Intention #2

**My intention:** e.g., I want to improve my sleep quality

**Specific action:** e.g., I will be in bed by 10 pm on weeknights

**How I'll measure it:** e.g., Track sleep quality score each morning

**Time frame:** e.g., July through September

**Why it matters to me:** e.g., I want to feel less foggy and more energized

## Health Intention #3

**My intention:** e.g., I want to improve my sleep quality

**Specific action:** e.g., I will be in bed by 10 pm on weeknights

**How I'll measure it:** e.g., Track sleep quality score each morning

**Time frame:** e.g., July through September

**Why it matters to me:** e.g., I want to feel less foggy and more energized

# Daily Wellness Log

Log each day across your four wellness pillars. Fill in what you can — consistency matters more than perfection.

### Hydration

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Glasses (8+ daily) | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |
| Energy level | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High |

### Movement

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Minutes active | ___ min | ___ min | ___ min | ___ min | ___ min | ___ min | ___ min |
| Type of movement | Walk Swim Yoga Other | Walk Swim Yoga Other | Walk Swim Yoga Other | Walk Swim Yoga Other | Walk Swim Yoga Other | Walk Swim Yoga Other | Walk Swim Yoga Other |
| How I felt after | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

### Sleep Quality

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Hours slept | ___ hrs | ___ hrs | ___ hrs | ___ hrs | ___ hrs | ___ hrs | ___ hrs |
| Quality (circle 1–5) | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| Mood on waking | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High | Low Mid High |

### Sun Protection

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| SPF applied AM | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| Reapplied midday | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| Hat/shade used | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| Avoided peak sun | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |

TIP: Print multiple copies of this page — one per week. Or use it as a digital fill-in template.

# Daily Reflection

Usethis pagetogo deeperon any given day. A few minutes of reflection each evening can help you notice patterns, celebrate wins, and adjust what isn't working.

**Date:** _____ **Week of:** _____

### Hydration

- Glasses of water (circle): 1 2 3 4 5 6 7 8+
- Otherfluids:

_____

- Felt dehydrated at any point? Yes / No

### Movement

- Activity type: _____
- Duration: _____ Intensity: Low / Moderate / High
- How my body felt: _____

### Sleep

- Bedtime: _____ Wake time: _____

  Total: _____ hrs
- Quality (circle): 1 2 3 4 5
- Dreams / disturbances: _____

### Sun Protection

- SPF applied: AM [ ] Midday reapply [ ]
- Protective clothing / hat: [ ] Shade sought: [ ]
- Minutes outdoor sun exposure: _____

## Evening Reflection

**One win today:**
Even something small counts.

**How my energy felt:**
Overall, throughout the day.

**Something I noticed:**
A symptom, pattern, or shift.

**Intention I honored:**
Whichgoaldid I movetoward?

**What I'd adjust tomorrow:**
One small shift.

**Mood overall:**
Circle: Low Neutral Good Great

# Mid-Year Reset

Summer is a natural turning point. Use this section to step back, review your functional medicine progress, identify what's working, and thoughtfully adjust your wellness intentions — so they remain realistic and meaningful through the end of the year.

## Reviewing Your Functional Medicine Progress

**Since my last visit, I've noticed these changes in how I feel:**

**Energy:** .....

**Mood:** .....

**Sleep:** .....

**Digestion:** .....

**Other:** .....

**Symptoms I've been managing well:**

.....

.....

**Symptoms that are still showing up or worsening:**

.....

.....

**Lab results or treatments I have questions about:**

.....

.....

**Habits from my care plan I've been following consistently:**

.....

.....

**Habits I've found difficult to maintain:**

.....

.....

## Reviewing Your Functional Medicine Progress

Roadblocks are normal — they're information, not failure. Check any that feel relevant, then use the space below to note what's behind them.

| | |
|---|---|
| [ ] Busy schedule / time constraints | [ ] Social situations / travel |
| [ ] Low energy or fatigue | [ ] Cost or access to resources |

| | |
|---|---|
| [ ] Stress or emotional eating | [ ] Lack of support or accountability |
| [ ] Seasonal changes in routine | [ ] Pain or physical limitations |
| [ ] Hormonal shifts affecting mood or sleep | [ ] Other: _____ |
| [ ] Digestive issues or food sensitivities | [ ] Other: _____ |

**What's really behind the roadblock I circled most?**

**One small shift that might help me move past it:**

# Adjusting Your Wellness Intentions

Your intentionsshouldevolve with you. If somethingisn'tworking,adjustingit isnot giving up — it's smart, sustainable goal-setting. Use this space to revisit your original intentions and refine them for the second half of the year.

### Intention #1 — Mid-Year Review

**My original intention was:**

**What I accomplished:**

**What didn't go as planned:**

**My adjusted intention for the rest of the year:**

**One concrete first step:**

### Intention #2 — Mid-Year Review

**My original intention was:**

**What I accomplished:**

**What didn't go as planned:**

**My adjusted intention for the rest of the year:**

**One concrete first step:**

## Intention #3 — Mid-Year Review

**My original intention was:**

**What I accomplished:**

**What didn't go as planned:**

**My adjusted intention for the rest of the year:**

**One concrete first step:**

## Ready to go deeper?

If you're noticing patterns — persistent fatigue, stubborn symptoms, or a sense that something deeper needs attention — this is a great time to schedule a visit with Kim at Renew Women's Wellness. Together you can review your labs, adjust your care plan, and build an approach that fits where you are right now.

RenewWomensWellness.com | Roseburg, Oregon

This tracker is intended as a personal wellness companion and does not replace medical advice. Always consult your Renew Women's Wellness provider before making changes to your care plan.