



Personal Wellness Plan

People who are successful at making lifestyle changes take time to write out specific goals and a plan of action. Use this worksheet to write out your goals and action plans. Review and discuss with your clinician or the Life Enrichment department and decide what areas you would like to improve ... and they will guide you in the right direction.

Personal wellness plan for: _____ **Start date:** _____

Weight goal: Present weight: _____ Weight goal in 6 months: _____

Action plans:

Blood pressure (BP): Present BP: _____ BP goal in 6 months: _____

Action plans:

Blood cholesterol: Present total cholesterol level: _____

HDL level: _____ LDL level: _____ Triglycerides: _____

Action plans:

Physical activity: Number of days/week I currently get 30+ minutes of physical activity: _____

Goals: Active days/week: _____ Kinds of activities: _____

Action plans:

Stress and coping: Ways I can improve mental/emotional health and coping skills:

Action plans:

Preventive exams: Health tests and exams I want to do to keep current in my preventive exams:

Action Plans:

Addictive behaviors: Habits I would like to change that seem to control me such as smoking, alcohol, drugs, gambling, binge eating excessive TV viewing or workaholic habits that damage my health and family life.

Action plans:

Spiritual health: Values, virtues or service to others I would like to incorporate into my life that would provide meaning, purpose, peace and enrichment to my life and to others.

Action plans:

Other changes:

Commitment: I choose to implement these wellness goals to the best of my ability.

Signature: _____ Date: _____