Personal Wellness Plan -- Worksheet

People who are successful at making lifestyle changes take time to write out specific goals and a plan of action. Use this work sheet to write out your goals and action plans. Review the various area of your health. Decide in which areas you would like to make improvement. List your present situation and specify your goals (what you want to accomplish) in measurable terms. Keep track of your progress. Review your goals regularly. Get help from others as needed.

**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 cholesterol level ______
  Goals: Total cholesterol level ______  HDL cholesterol level ______
*Action plans:*

**Healthy Eating:** Specific things I want to do to improve my eating habits.
*Action plans:*

**Physical Activity:** Number of days/week I currently get 30+ min of physical activity ______
Goals: Active 30+ min ______ days/week  Kinds of activities: ___________________________
*Action plans:***
Stress and Coping: Ways I can improve mental/emotional health and coping skills such as daily relaxation, recreation, hobbies, social interaction, and avoid habits that waste productive living. 

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 work that damages my health and family life, or excessive TV viewing.

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.

(Your signature)   (Date)   (Buddy’s signature)

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