Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Creating a Wellness Plan**

Part One: Questionnaire

* Do you get enough sleep at night? yes/no
* Do you regularly participate in physical activity? yes/no
* Do you eat healthy meals with lots of vegetables and fruits on a regular basis? yes/no
* Do you have good ways to eliminate stress? yes/no
* Do you have enough time for friends, family, important fun activities, and/or yourself? yes/no

Part Two: Self-Care Worksheet

Complete the worksheet by including activities you can do for yourself before, during, and after school to de-stress your day.

Examples:

* Take a walk around the gym at lunch
* Have cut fruit ready for a quick snack
* Take a stretch break
* Talk with friends at lunch
* Participate in school activities (sports, clubs, etc)

Before School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During School:

In Class:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Lunch:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part Three: Planner

1. Look at your completed Self-Care Worksheet for ideas.

2. Review your Wellness Questionnaire and anywhere you have answered “no,” use that section as a starting point for completing steps 3-5.

3. Complete the chart.

4. Be honest with yourself. Pick an activity that you are sincerely willing to try, even if it sounds strange to you. For example:

a. After school, I will not turn on the TV as soon as I walk in the door, I will do two minutes of deep breathing exercises.

b. I will park in the back of the parking lot.

5. Commit to a starting date- for example:

a. By September 1, each day after work, I will not turn on the TV as soon as I walk in the door, I will do two minutes of deep breathing exercises.

b. By September 21, I will park one extra block away and increase my daily activities.

**ACTION PLAN!**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY TIME SECTION** | **ACTIVITY GOAL SECTION** | **By When** |
| 1. Before School |  |  |
| 2. During School |  |  |
| 3. After School |  |  |
| 4. Before Bedtime |  |  |
| 5. Weekly |  |  |
| 6. Monthly |  |  |
| 7. Yearly |  |  |