

Your Wellness Plan Workbook

Your Wellness Vision Worksheet

Use this page to slow down, think beyond today's to-do list, and connect with what you want your future health to feel like. A strong wellness vision creates direction, helps filter decisions, and gives meaning to the habits and action steps that follow.

6. Picture Your Future Self

Reflect on these questions and write whatever comes to mind.

- When you think about yourself 10–20 years from now, what does being well look like in your everyday life?
- If your health were in a really good place, how would you describe the way you move, eat, sleep, and handle stress?
- Imagine a normal day in your future when your wellness is where you want it to be. How do you feel when you wake up?
- What do you want to be able to do easily in the years ahead that may require intention now to protect?
- How do you want to show up for the people and work that matter most to you?

Notes:

2. Choose the Feelings You Want More Of

Circle or write the words that best describe how you want to feel:

Strong • Calm • Clear • Focused • Energized • Steady • Confident • Rested • Resilient • Light • Capable
• Peaceful

Other words that matter to me:

3. Make the Vision More Real

Use your senses to make your future vision easier to connect with.

- What does your ideal morning look like when your wellness is in a good place?
- What is different about your energy, mood, and focus during the day?
- What does movement look like in your best week?
- What does rest and recovery look like for you?
- What feels easier, lighter, or more enjoyable in your life when your health is supporting you well?

Notes:

4. Connect to Your Why

- Why does improving your health matter to you right now?

- What would become possible if your wellness improved over the next 1–3 years?
- If nothing changed, what would concern you most?
- What part of your future wellness vision feels most important to protect?

Notes:

5. Write Your Wellness Vision

Use one of these prompts or write your own:

- In the next 3–5 years, I want my health to support me in...
- My wellness vision is to become someone who...
- When my health is working for me, I feel...
- The future version of me I want to build toward is...

My Wellness Vision Statement:

6. One Small Signal of Alignment (*answer this after you have gone through the rest of the workbook*)

What is one small action you could take this week that would move you one step closer to this vision?

Your “I Am” Statement Worksheet

This page helps turn your wellness vision into identity. The goal is to create a short statement you can post somewhere visible and return to on the days when motivation is low. Instead of asking, “What do I feel like doing today?” this statement reminds you who you are becoming.

1. Start With the Person You Are Becoming

Complete these prompts:

- The future version of me I want to grow into is someone who

- When I am living in alignment with my wellness vision, I am more

- The qualities I want to embody more often are

2. Choose 3 Identity Words

Circle or write the words that best reflect the version of you you want to reinforce:

Strong • Calm • Consistent • Energized • Disciplined • Grounded • Resilient • Clear • Present • Capable • Intentional • Steady • Confident • Rested

My three words:

3. Draft Your “I Am” Statement

A strong statement is short, believable, and connected to how you want to live.

Examples:

- I am someone who protects my energy.
- I am a woman who follows through on small promises to herself.
- I am someone who cares for my health with intention.
- I am building a life that supports my strength, calm, and longevity.

Draft 1:

Draft 2:

Final “I Am” Statement:

4. Make It Useful on Hard Days

Answer these questions:

- On the days when motivation is low, what do I want this statement to remind me of?
- What is one small action that would help me live this statement, even on a busy or stressful day?
- Where will I put this so I will actually see it every day?

5. Finish This Sentence

Even when motivation is fleeting, I can come back to this truth:

Diet Management Worksheet

This page is designed to help you build awareness around your current nutrition habits before making changes. Just like debt management starts with understanding your current numbers, diet management starts with understanding what you are doing now, how you think about food, what has worked before, and what is realistic for your life.

1. Start With Your Relationship with Food

Before building a plan, it helps to understand the mindset and patterns you already bring to eating.

- What do you really think about eating? Does it feel positive, negative, neutral, stressful, enjoyable, or simply like one more thing to manage?
- Do you tend to eat to live, live to eat, or move between those two depending on the season you are in?
- What thoughts or emotions most often shape the way you eat?

Notes:

2. Understand Your Personal Needs

Before choosing any food strategy, think about the factors that matter most for your body and daily life.

- Do you have any dietary requirements, medical concerns, or health goals that need to be considered, such as allergies, intolerances, blood sugar concerns, digestive issues, weight goals, or athletic training?
- Are there foods that consistently make you feel better, worse, more energized, or more sluggish?
- Are there any non-negotiables you want your plan to respect, such as family meals, convenience, budget, or cultural preferences?

Notes:

3. Notice Your Eating Triggers and Patterns

This is about awareness, not judgment.

- Do you sometimes eat when you are not physically hungry?
- Is stress, boredom, fatigue, overwhelm, or habit driving some of your eating choices?
- When do you most often find yourself reaching into the pantry, snacking, or grabbing food that is not part of an intentional meal?
- What time of day or situation tends to throw your eating off track?

Notes:

4. Are You Eating Enough

Sometimes the problem is not only what you are eating, but whether your intake is aligned with your body's needs.

- Are you eating enough to support your current activity level, energy demands, and overall health?
- Do you notice times when under-eating during the day leads to low energy, cravings, overeating later, or frustration with weight management?
- Would it help to better understand how much food your body may actually need for your goals?

Notes:

5. Learn From What You Have Tried Before

Your past experience is useful data.

- What approaches have you tried in the past?
- What actually worked well for you?
- What felt too restrictive, too complicated, or too difficult to sustain?
- What would you consider trying again, but in a more realistic or flexible way?

Notes:

6. Consider What Interests You

There are many nutrition strategies, including higher-protein eating, whole-food approaches, Mediterranean-style eating, time-restricted eating, plant-forward eating, lower-carb approaches, and others. The goal is not to pick what is trending. The goal is to find what fits your body, preferences, and willingness to follow through.

- What types of nutrition approaches are you curious about?
- What sounds realistic for your current season of life?
- How open are you to some trial and error as you learn what works best for you?
- What have you tried in the past? How did that go?

Notes:

7. Identify the Challenges

Real progress usually depends less on knowing what to do and more on planning for what gets in the way.

- What challenges are most likely to interfere with healthier eating: time, money, stress, travel, family preferences, low energy, lack of planning, or convenience?
- When do your food choices tend to get off track?
- What is one obstacle you could plan around more effectively?

Notes:

8. Build in Support for Success

A good plan includes support, not just intention.

- What would help you succeed: meal planning, grocery preparation, a dietitian or nutritionist, a simple tracking tool, an online guide, a friend for accountability, or better food options at home?
- What kind of structure helps you stay consistent without feeling overwhelmed?
- What is one support system you can put in place right away?

Notes:

9. A Few Foundational Reminders

Use these prompts to round out your thinking:

- Would tracking your food intake for a short period help you better understand your current patterns and portions?
- Are you drinking enough water throughout the day to support your energy, focus, and overall health, especially during busy or warmer days?
- Do you have a general understanding of your macronutrient needs — protein, carbohydrates, and fats — for your body, goals, and activity level, or would getting guidance in this area be helpful?

Notes:

10. My Next Step (complete this step after you have gone through the planning section)

Based on what I learned from these questions, one realistic step I can take to improve my diet management is:

Why does this step matter to me?

What do I hope to accomplish and how will I know?

Movement Tolerance Worksheet

This page is designed to help you understand your **movement tolerance**—your personal range for what type, intensity, and amount of activity feels safe, realistic, and sustainable for you right now. Similar to risk tolerance in financial planning, this is not meant to limit you. It is simply an assessment of where you are starting so you can create a movement plan you are more likely to continue.

1. What Does Movement Mean to You?

We know we need to move more, but that can mean very different things depending on the person, the season of life, and what the body is ready for.

- When you think about movement or exercise, what comes to mind first?
- Does movement feel energizing, stressful, intimidating, enjoyable, or like one more thing on your never ending to do list?
- Do you think you tend to avoid movement, overdo it, or move in a way that feels fairly balanced?

Notes:

2. Assess Your Starting Point

Before choosing a program or routine, it helps to understand what is true for you today.

- Where are you in your lifespan and current season of life?
- What are you physically capable of doing right now?
- Are there any injuries, limitations, pain points, or health concerns that need to be considered?
- How would you describe your current energy level and consistency with movement?

Notes:

3. Review Your Movement History

Your past experience can help you make a better next decision.

- What types of movement, exercise classes or programs have you tried before?
- What have you enjoyed in the past?
- What has not worked well for you, and why?
- What have you tried that was simply too intense, too fast, or not the right fit for you? (*hint: you will most likely want to avoid this activity or anything like it!*)

Notes:

4. Define Your Movement Tolerance

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Just like investment risk tolerance depends on multiple factors, your movement tolerance depends on your age, experience, goals, physical ability, energy, schedule, and willingness to stretch yourself.

- How much challenge feels realistic for you right now?
- Are you looking for gentle consistency, moderate challenge, or a more structured training goal?
- What would likely help you stay committed instead of burning out?
- What would make a movement plan feel sustainable for this season of life?

Notes:

5. Use the Filter: Like, Do Not Like, Willing to Try

Knowing where you are starting can help you stay with a program long enough to see whether it truly fits. Some things feel unfamiliar at first and become easier with time, while others are simply not the right fit.

List at least 3 to 5 movement ideas, classes, programs, or routines you are considering.

Movement Idea	What I like about it	What am I concerned about	Am I willing to try it?

6. Clarify Your Environment and Style

The right movement plan is not only about the activity itself. It is also about the environment and format that help you follow through.

- Do you prefer to move indoors or outdoors?
- Do you like to work out at home, in a gym, in a boutique studio, or somewhere else?
- Do you prefer group classes, one-on-one support, working out alone, or community-based movement such as a walking or running group?
- What type of setting makes you feel most comfortable and motivated?

Notes:

7. Identify Your Minimum Movement Needs

A movement plan does not have to begin with an intense class or a major commitment. Sometimes the best starting point is simply getting up from the desk more often and building short bursts of movement into the day.

- What do you believe is the minimum amount of daily or weekly movement you need right now to support your health?
- Would 10-minute bursts of movement 2 to 3 times a day be more realistic than a full formal workout?
- What types of short movement bursts (exercise snacks) could realistically fit into your day?
- Are there small actions you could add now, such as walking, stairs, standing breaks, stretching, squats, pushups, or a short walk outside?

Notes:

8. Fit Movement into Your Real Schedule

Consistency usually comes from planning movement into real life rather than waiting for the perfect time.

- When in your day are you most likely to fit in movement?
- What parts of your workday or home routine could support a short movement break?
- What tends to get in the way of moving more consistently?
- What is one realistic way to build movement into your schedule daily?

Notes:

9. My Next Step (complete this step after you have gone through the planning section)

Based on what I learned from these questions, one realistic movement step I can take is:

This step fits me because:

One thing that may get in the way, and how I can plan for it:

Stress & Sleep Awareness Worksheet

Use this page to notice your current patterns before trying to change them. Healthy coping practices and good sleep support resilience, mood, and recovery.

1. Notice your stress signals

When stress is building, what do you notice first?

- In my body: _____
- In my thoughts: _____
- In my emotions: _____
- In my behavior: _____

What situations tend to trigger my stress most often? (use a scale of 1 – 10: 1 very stressful / 10 not so much)

- Work / schedule: _____
- Family / relationships: _____
- Money / responsibilities: _____
- Health / energy / sleep: _____
- Other patterns I notice: _____

2. Notice how you respond

When I am under stress, what do I usually do?

- What do I tend to do more of? _____
- What do I tend to do less of? _____
- What helps in the short term but not in the long term? _____

3. Notice your current resources

What already helps me regulate and recover?

- People I can reach out to: _____
- Places that help me feel calmer: _____
- Practices that help me reset: _____
- What has worked for me before, even a little? _____

Where do I see gaps in my current plan?

4. Notice your sleep habits

Most adults need 7 – 9 hours of sleep each night; a consistent morning and evening routine can support better sleep quality.

Over the past week:

- Average bedtime: _____
- Average wake time: _____
- Average hours of sleep: _____
- How rested do I usually feel in the morning? _____

What am I usually doing in the 60–90 minutes before bed?

Do I have a night-time routine? If yes, what does it include?

Do I have a wake-up routine? If yes, what does it include?

What may be getting in the way of better sleep?

- Screens / work / scrolling: _____
- Food / alcohol / caffeine: _____
- Stress / racing thoughts: _____
- Inconsistent timing: _____

5. Awareness to action (complete this step after you have gone through the planning section)
What patterns stand out to me from this worksheet?

One small stress-management practice I want to try this week:

One small sleep-supportive habit I want to try this week:

“Adapted from guidance on healthy stress management and sleep from the Centers for Disease Control and Prevention (CDC), the U.S. Office of Disease Prevention and Health Promotion, Harvard Health Publishing, and Cleveland Clinic.”

Your Wellness Plan Worksheet

Use this page to turn your ideas into a simple, realistic 90-day plan. Start with one daily change. If you want to stretch further, add one project goal and one environment change.

Step 1: Revisit your wellness vision

What still fits? What would you change? What feels most important right now?

Step 2: Choose your one focus area

What is the one area I want to make progress on first – diet, movement, stress/sleep?

Why does this matter to me right now?

How does this connect to my vision for wellness?

Step 3: Set a 90-day objective

Over the next 90 days, what would I like to see happen? Revisit the section you are going to focus on – does anything stand out? What ideas come to mind?

How would progress in this area affect my life, energy, or confidence?

Step 4: Pick one daily change

What is one small daily habit that would positively impact my health and wellbeing?

Where in my day will I do it?

What will make it easier to follow through?

Optional stretch goals

One project goal

Examples: clean out the pantry, schedule a doctor's visit, meet with a trainer or nutritionist, ask for support.

What is one bigger project I want to address that will support my area of focus?

One environment change

Examples: move the fruit to the counter, charge the phone outside the bedroom, keep walking shoes by the door.

What is one change to my environment that would support my goal?

Step 5: Plan for obstacles

What could get in the way?

Are these obstacles real, perceived, or both?

What is my best idea for navigating them?

Step 6: Identify resources

What support or resources would help me?

Who could help me stay accountable?

What might prevent me from using support?

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Step 7: Visualize success

Walk through your day in your mind. What will this look like when it is part of your routine?

How do I hope to feel if I follow through for 90 days?

How will I know I am on the right track?

Step 8: Confidence and commitment

On a scale of 1–10, how confident am I that I can start this tomorrow? 1 – nope, not happening! 10 – I got this!

Confidence level: _____

What makes me this number and not lower?

What would help move me one point higher?

My commitment statement:

I am committed to _____
so I can feel _____
and achieve _____.

Signature: _____ Date: _____