**Action Plan – Personal Wellness**

**Your name**:

**Your practice area**:

**Why did you choose this practice, and what do you hope to gain from it?**

# **Your goal to engage in this practice for the week:**

* **What do you commit to doing?**
  + Example 1: I will commit to maintaining a regular sleep schedule, starting Monday 9/18
  + Example 2: I will commit to improved hydration
* **How many times per day – or when during the day?**
  + Example: I will prep for bed at 10:00 p.m., be in bed by 10:30 p.m., wake at 6:30 a.m., and get out of bed by 7:00 a.m. daily.
  + Example 2: I will commit to drinking at least 8 oz of water 6 times a day

# **Next step – Set up and track in your log:**

Personalize the set-up of your log so you can track what you said you will do. (Examples, one day completed)

For example 1:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon 9/18 | Tue 9/19 | Wed 9/20 | Thur 9/21 | Fri 9/22 | Sat 9/23 | Sun 9/24 | Mon 9/25 |
| Prep at 10 | Yes |  |  |  |  |  |  |  |
| Bed by 10:30 | Yes |  |  |  |  |  |  |  |
| Wake at 6:30 |  | Yes |  |  |  |  |  |  |
| Out of bed by 7 |  | no |  |  |  |  |  |  |

For example 2:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Thur 9/21 | Fri 9/22 | Sat 9/23 | Sun 9/24 | Mon 9/25 | Tue 9/26 | Wed 9/27 |
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# **Self-Report:**

At the end of the week, complete these questions:

**How well did you meet your goal?**

**What factors helped or hindered in meeting your goal?**

**How do you feel after the week of practice or comment on whether this helped you?**

**What is your next step and why? (Personalization credit available) For example:**

* **Will you try this practice again?**
* **Will you try this practice with modifications?**
* **Will you try a different practice?**
* **Will you shift attention from personal wellness to something else?**