



Create Your Wellness Vision Guide

Name _____ Date _____

FOUNDATION 1: Know your Energy Drains and Boosters

What are your top 3 energy boosters?

- ___ Getting good sleep
- ___ A good laugh
- ___ A solid workout
- ___ Learning something new
- ___ Accomplishing something
- ___ Energizing conversation
- ___ Eating well –not too much, not too little
- ___ Practicing gratitude
- ___ Play/fun
- ___ Other _____

How could you do more of your top 3?

What are your top 3 energy drains?

- ___ Poor night of sleep
- ___ Sitting too much
- ___ Conflict/relationships
- ___ Clutter
- ___ Anxiety/worry
- ___ Too much fat, sugar, alcohol in diet
- ___ Dehydration
- ___ Focusing on what's wrong
- ___ Scrolling mindlessly
- ___ Other _____

What could you do to manage your top 3 energy drains?

FOUNDATION 2: Build Positive Emotions

What practice could you incorporate regularly to build positive emotions (Eg. 3 good things, gratitude journal, learn and use my signature strengths, etc.)?

What are your favorite ways to play?

How could you do more of this?

FOUNDATION 3: Self-Compassion and a Growth Mindset- explore self-compassion resources at <https://self-compassion.org/>. Practice looking at your goal progress OBJECTIVELY (what happened) rather than SUBJECTIVELY (with judgment). Always ask “what did I learn?” when reviewing goal progress.

What is something you’ll do differently now that you are practicing self-compassion and a growth mindset?

CREATE YOUR PLAN

Wellness Vision- A vision is a compelling statement of who you are and what health promoting, life-giving behaviors you want to do consistently. Example format- “I am ... so that I...”

Describe your wellness vision here:

3 Month Goals- Think of the behaviors that would lead towards your vision. Choose 3-5 actions/behaviors/habits that are most important. Eg. I will workout at home 4 days per week doing a combination of videos, classes, and walks. This supports my vision to be strong and energetic for my family.

1. _____
2. _____
3. _____
4. _____
5. _____

First Week Goals- Keep your 3 month goals in mind and set 1-2 baby step goals: **SMALL WINS BUILD YOUR CONFIDENCE!*** (Eg. I will do a yoga video on Monday at 5 pm and walk for 30 minutes on Saturday at 9 am)

- 1. _____
- 2. _____

***Rate your confidence in being able to do your goal on a scale of 1-10. If not a 7 or above, reassess the goal!**

Goal Review. Completed on _____

Goal 1: _____

What went well? What helped me be successful?

What didn't go so well? What got in the way of my success?

What did I learn from working towards this goal?

Goal 2: _____

What went well? What helped me be successful?

What didn't go so well? What got in the way of my success?

What did I learn from working towards this goal?

***Rate your confidence in being able to do your goal on a scale of 1-10. If not a 7 or above, reassess the goal!**

Contact me at Julie.McNamara@unchealth.unc.edu with questions or to register for **Coffee with the Coach**, a casual virtual session to help you build positive energy, learn something new, and stay engaged in your wellness goals. 1st Wednesday of each month from 2-2:45 pm.