MY WELLNESS PLAN

Please choose three areas below that you feel the need to focus on. Then establish goals you wish to accomplish over the next three months. There are questions below each heading to assist you in determining the areas that may need attention.

Remember, goals should be S.M.A.R.T goals: Specific, Measureable, Attainable, Relevant, and Time Bound. Example: A goal would be "I want to eat better," whereas a S.M.A.R.T goal would be "I will eat one cup of vegetables with dinner five nights this week."

 Physical: Am I getting enough physical activity? Do I drink enough water? Am I getting enough sleep each night? Am I eating a healthy diet? Do I practice stress-reducing techniques? 	My goal is to:
 Spiritual: Am I aware of what values are most important to me? Do I participate in meditation, prayer, or yoga? Have I spent time in nature recently? 	My goal is to:
 Emotional: Do I have a sense of self worth? Do I appropriately express my feelings to others (joy, happiness, love, anger, sadness, etc.)? Do I maintain a positive outlook most of the time? 	My goal is to:

continued >

Sources:

American Council on Exercise. A SMART Guide to Goal Setting. https://www.acefitness.org/acefit/fitness-fact-article/3575/a-smart-guide-to-goal-setting/ Accessed 7/11/17.

Centers for Disease Control and Prevention. Workplace Health Program Definition and Description. www.cdc.gov/workplacehealthpromotion/pdf/workplace-health-program-definition-and-description.pdf Accessed 7/11/17.

Substance Abuse and Mental Health Services Administration. The Eight Dimensions of Wellness. https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness Accessed 7/11/17.

The information provided through any onsite program is for informational purposes only and provided as part of your employee benefits. Participation in any onsite program is voluntary. The onsite team cannot diagnose problems or recommend treatment and is not a substitute for your doctor's care. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Your health information is kept confidential in accordance with the law and will only be used to provide health and wellness recommendations as applicable.

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Environmental:	My goal is to:
• Do I have a place to go where I feel safe?	
What type of environment brings about a sens in my life?	e of calm
 Do my surroundings encourage good physical mental health? 	and
 Intellectual: Have I read a book lately? Have I worked on improving my memory? Have I tried a new activity such as learning a relanguage, writing a poem, learning a new instr Is there a class that I could enroll in to learn so new? 	ument?
 Social: Do I feel free from loneliness or isolation? When making a decision, do I seek advice from or support groups? Do I feel close to immediate or extended family Is there someone I can call if I need support? Do I have at least one social connection each 	y?
Occupational: • Do I find my work (paid or unpaid) is meaningf • Where do I want to be in the next five years in career? • Do I seek mentorship or advice from leadership	my
 Financial: Do I have a retirement account or other plan for financial future? Do I have a monthly budget? Do I know where I spend my money? I choose to implement these wellness goal	
My Signature	Support Person's Signature Date