THE WELLNESS COMPASS



MY WELLNESS PLAN

Small steps. Stronger tomorrows.

A personal, practical plan for the five pillars of everyday wellbeing.

Name: _____

Start where you are

This is your plan. Keep it realistic, personal, and flexible. You can revise it as your needs change.

My reason for focusing on wellness right now

A quick check-in

Area	How it feels today (1 = needs attention, 5 = going well)	What I notice
Nourishment	1 2 3 4 5	
Movement	1 2 3 4 5	
Sleep and rest	1 2 3 4 5	
Stress and reset	1 2 3 4 5	
Preventive care	1 2 3 4 5	

My one-week focus

Choose one small change that feels useful and achievable.

My confidence (circle one): 1 2 3 4 5 What would make this feel one step easier?

Build your five-pillar routine

Pick one action in each area, or focus on only one or two to begin. Small actions count.

NOURISH

Choose nourishing foods more often.

A food or meal I want to add: _____ When: _____

My next step: _____

MOVE

Build activity through realistic, repeatable steps.

Movement I enjoy: _____ How often: _____

My next step: _____

REST

Protect consistent, restorative sleep.

A bedtime or wind-down step: _____ Target time: _____

My next step: _____

RESET

Practice healthy ways to manage stress.

A reset practice (breathing, pause, support): _____

My next step: _____

PREVENT

Keep up with care and make small steps repeat.

One care task to ask about or schedule: _____

My next step: _____

My week at a glance

Choose small, specific actions. Leave space for rest and adjust the plan to your schedule and abilities.

Day	Nourish	Move	Rest / Reset	Prevent / notes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

My minimum version

On a busy or difficult day, the smallest version I can do is:

Support that can help me follow through

A missed day is information, not failure. Restart with the next small step.

Check in and keep going

Use this page at the end of the week. Notice what helped, then choose one next step.

Day	Nourish	Move	Rest	Reset	Prevent	Note / win
Mon	■	■	■	■	■	
Tue	■	■	■	■	■	
Wed	■	■	■	■	■	
Thu	■	■	■	■	■	
Fri	■	■	■	■	■	
Sat	■	■	■	■	■	
Sun	■	■	■	■	■	

My prevention check-in

A checkup, screening, vaccine, or health question I want to discuss:

Who I can contact and when I will reach out:

One change or win I want to recognize:

A note about health

This worksheet is for general education and self-reflection. It is not medical advice, diagnosis, or a treatment plan, and it cannot guarantee prevention of illness. Health needs differ. Ask a qualified healthcare professional about symptoms, screenings, vaccines, exercise, nutrition, and the right plan for you. Seek urgent care for urgent symptoms.