

MY WELLNESS ROADMAP

Own Your Wellness Journey



REFLECT



PLAN



THRIVE

Reflect on your progress,
celebrate your achievements,
and create a plan for lasting
well-being



Name:



Date:

REFLECT

PLAN

THRIVE

STEP 1

REFLECT ON YOUR JOURNEY

Take a moment to recognize your growth and accomplishments throughout Healthy Workplace Month

**MY BIGGEST WELLNESS WIN**

NEW HABITS I PRACTICED

- Taking Movements Break
- Staying Hydrated
- Improving sleep
- Practicing Mindfulness
- Connecting with colleagues
- Managing stress
- Setting boundaries
- Other

REFLECTION QUESTIONS

What worked for me?

**WELLNESS SELF - CHECK**

1 = Strongly Disagree

5 = Strongly Agree

	1	2	3	4	5
I learned useful wellness strategies	☐	☐	☐	☐	☐
I feel supported by my workplace	☐	☐	☐	☐	☐
I am motivated to continue my wellness journey	☐	☐	☐	☐	☐

What challenges remain?

STEP 2

CHOOSE YOUR WELLNESS PATH

Wellness looks different on everyone. Choose an area that will have the greatest impact on your well-being over the next 90 days.



**Mental
Wellness**

☐ This is my
focus area



**Physical
Wellness**

☐ This is my
focus area



**Social
Wellness**

☐ This is my
focus area



**Financial
Wellness**

☐ This is my
focus area



**Professional
Wellness**

☐ This is my
focus area



**Emotional
Wellness**

☐ This is my
focus area

My 90-day wellness goal

Why this goal matters

Success looks like...



STEP 3

CREATE YOUR ACTION PLAN

Small consistent actions create lasting changes

ACTION PLAN

Action Step	Frequency	Start Date

CREATE YOUR SUCCESS

How will I recognize and celebrate progress

MY SUPPORT NETWORK

Who can support or encourage me?

POTENTIAL OBSTACLES

What might get in the way?

MY SOLUTIONS

How will I stay on track?

MY COMMITMENT

I commit to taking intentional steps toward my wellness goals and creating habits that support overall well-being

Signature: _____

Date: _____