

# MY WELLNESS ACTION PLAN

Name:

Do I have any pre-existing or diagnosed health conditions or any other health issues?

Job Role:

What am I like when I'm well?

Date:

Do I take any medication?

What helps me stay healthy?

What do I wish my manager knew?

How can my work place support me right now?

# MY WELLNESS ACTION PLAN

**What new stress am I aware of?**

**What existing stress may need my attention right now?**

**Are there any situations that may trigger poor mental health?**

**What can I do to take care of the things that are worrying me?**

**How do I want to feel as I navigate this situation and maintain my wellness?**

**What do I need to do every day to stay well or keep on track with my goals?**

# MY WELLNESS TOOLBOX

