Spring Clean Your Health S

ONLINE WORKSHOP

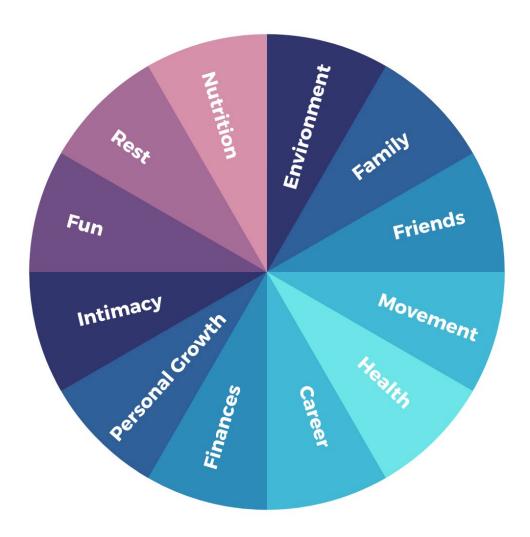
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Swan Wellness Wheel



The Wellness Wheel is a simple yet powerful tool for visualizing all areas of your life at once to see which areas are flourishing and where you most need improvement. Take some time to reflect on the sections of the wheel and rank your level of fulfillment in each area of your life. Place a dot on the line to indicate your level of satisfaction in each area of life that contributes to wellness. A dot toward the center indicates dissatisfaction, and a dot toward the periphery indicates satisfaction.



Aspects of Wellness

Family Relationships

Are your relationships with your family members fulfilling? Are you happy with the amount of closeness and support you have?

Friendships

Do you have enough friends, and close enough friends, to meet your needs?

Movement

Movement is about more than exercise and weight loss. Movement has numerous benefits on our mind, body, and soul. Are you recognizing the full array of the rewards of movement?

Health & Well-being

Is your physical health good? Are you experiencing any health challenges or suffering from disease?

Career

Are you fulfilled in your career? Is it a good fit for you?

Finances

What is your relationship with money like? Do you have a lot of stress over the issue of money?

Personal Growth & Development

Do you invest enough time, money, and energy in your own personal growth and development?

Significant Other/Intimacy

Are you satisfied with the level of romance and intimacy you have in your life?

Fun & Recreation

Do you take the time to play and have fun, to become energized and rejuvenated?

Rest & Relaxation

Are you able to disconnect, unwind, and sleep restoratively?

Nutrition & Hydration

Is the food you are eating providing you the nutrients you need to fuel and nourishing your body. Is it giving you the energy you need to get through the day? Are you drinking enough water so you are wellhydrated?

Physical Environment

Often overlooked, your physical environment (your home, neighborhood, surrounding landscape) can be a source of stress and anxiety, relaxation, and serenity, or it can be invigorating and stimulating. Are you satisfied with your physical surroundings?

Connect the dots to see your Wellness Wheel. How smoothly does your Wellness Wheel roll?



Take Stock & Take Action

INSTRUCTIONS: Simply answer the questions below and at the end, note down the key points, patterns, and similarities you notice from your responses.

The questions are deliberately broad and vague, so don't over-think, just trust and write down whatever pops into your mind.

1.	TOLERANCES: What habits and behaviors are you PUTTII	NG UP WITH at the moment?		
2.	SHOULDS: What do you think you SHOULD be doing righ	t now, for your health?		
	FRUSTRATIONS: What things are FRUSTRATING you aborgeneral wellbeing?	ut yourself, your life, health, and		
4.	DESIRES: What do you REALLY, REALLY WANT right now	for your health and wellness?		
5.	FEELINGS: How do you CURRENTLY feel? How do you WA	ANT to feel?		
Now, reviewing your answers above, what do you notice? Put the most important thing first, then the second, and then the third. Then, look at your key observations below and write an action of what you will do to address each one within the next few weeks:				
1 st Key (Observation	Action 1		
2 nd Key	Observation	Action 2		
3 rd Key (Observation	Action 3		



Vision Worksheet

How I'd like my life to be!

Instructions: Take a few minutes to consider these questions that help you create and shape your vision for what your life would look like if you reached a health goal such as losing weight, stopping smoking or getting regular exercise. Write your answers in the PRESENT tense and be as specific as you can.

A health and wellness vision statement helps you see the big picture of your well-being. It describes your ideal state of physical and emotional health—your "best self"—and what it would look and feel like. It also helps you stay on track as you work towards making behavior changes day to day.
What does the "ideal" or "best" version of me look like?
What does the "best" me feel like?
What am I doing in my ideal state of health and well-being?
What are some of the reasons why your vision is important to you?
How will you benefit from achieving this vision?
What are some obstacles that will get in your way of achieving this vision?
What are your strengths and resources that will help you achieve this vision?
My THEME or MANTRA while I work to achieve my vision is:



Action Brainstorming Worksheet

INSTRUCTIONS: Use this worksheet to brainstorm new ideas to move you closer to your vision, goal or habit change. Do your best to come up with the full 5 actions or behaviors - one for each box below - completing the worksheet in any order. Remember this is brainstorming, so just because you write it down doesn't mean you have to do it - we're just looking for potential ideas to move you forwards! To wrap up this exercise, circle the actions you like the look of - or WILL do!

What is your vision/goal, why are you brainstorming actions? I want to

Thinking about your goal, what could you:

	STOP doing	Do LESS of	KEEP doing	Do MORE of	START doing
1					
2					
3					
4					
5					



Daily Success Habits

Create Daily Habits to Support You

Instructions: We often overlook the IMPORTANCE of DAILY HABITS in managing ourselves and our lives. But it's often the small changes we make to our daily routines that enable the BIG changes in our lives. This tool helps you build a simple personal framework around which the rest of the activities fall into place. Create an infrastructure so that no matter what happens – you feel calm and assured.

My Top 3 PRIORITIES in	lite right now are	:	
My Top 3 STRESSORS in	life right now are:	:	

What supportive daily habits – SPECIFIC DAILY ACTIONS – could you introduce?

Write up to 5 actions that best support you – including your HOME, PERSONAL, and WORK LIFE. They must be SPECIFIC and MEASUREABLE so you know exactly what to do and can clearly say you have completed the step.

TIP: You know yourself. Where do you self-sabotage regularly? What ideas do you already have?

EXAMPLES:

- Do 10 minutes of stretching every day
- Drink 8 glasses of water a day
- Wait until 9 am before checking my phone
- Eat a healthy breakfast every morning
- Take a 30 minute walk every day
- Say 'NO' when people ask me to do something I don't want/have time to do
- Stop work for the day at 5pm



Habit	Benefit to me
1.	
2.	
3.	
4.	
5.	

Which 3 habits will you COMMIT to?

I will start	today
I will start	tomorrow
I will start	this week

REMEMBER: It takes time and practice to implement new habits. They start as simple actions and gradually, as you do them regularly, they become habits. It can take anywhere from 21 to 30 days to implement a new habit and a few months to cement a habit, so be kind to yourself on the days you don't remember – and just start again the next day!





Spring Clean Your Health

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	SUCCES	S HAB	ITS are:	
	1			
	2			
	3			
My Top 3 Goals to "Spring	Clean" my Heal	th are:		
1. I			by	
2. I			by	
3. I			by	
The BENEFITS to Me of My	GOALS are:	My 3 F	KEY Act	tion Steps are:
Think of one inspiring benefit for ea	nch Top 3 goal.	Choose Goals.	one KEY	action for each of your Top 3
1				
2				 _ by
3				•
I will LET GO of:		Z		
You might want to let go of: limiting energy zappers, or something else!				_ by
		3		
1				_ by
2		Signed.	•	
3		Date:		
THOUGH	Т	suppor	rt and	p for success with regular d accountability! For

THOUG

"One part at a time, one day at a time, we can accomplish any goal we set for ourselves." Karen Casey

personalized coaching and to learn more about SWAN WELLNESS visit http://www.swan-wellness.com

STAY ON TRACK

Now that you have completed this Summary Sheet, cut it out and put it somewhere you will see it regularly to keep yourself on track.