

Achieving YOUR WELLNESS

Workbook

*A 12 Week Positive Change
Plan for Creating a Life You Love!*



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The purpose of this book is to educate and inspire.

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ACHIEVING YOUR WELLNESS WORKBOOK

*A 12 Week Positive Change Plan
for Creating a Life You Love!*

ABOUT VIKI

[Viki Thondley](#) is an experienced Holistic Counsellor, Meditation Therapist, Mind-Body Wellness specialist, and a dynamic and passionate [Speaker](#). Her aim is to educate, motivate, inspire and support you in balancing your emotions, exercise & eating.

Having overcome her own personal battle with Bulimia Nervosa, Viki is now fully recovered with several eating disorder-free years behind her – something at one time she never believed possible.

For eighteen years Viki lived with her constant inner critic, low self-esteem and self-defeating behaviours before finally navigating the mental conflict that took control over her life.

Never feeling satisfied within, Viki continuously pursued a burning desire for personal development; to keep challenging, growing and learning. Helping and inspiring others along the way was a natural instinct that eventually became a profession.

Viki has contributed to many print and online media formats including SelfGrowth.com, E-zine Articles, Through The Looking Glass, Being Woman, The Chronicle, Toowoomba LIFE, The Glove Box Guide to Mental Health, Break Up with Dieting Summit, and Runner's World magazine.

She is author of *Healthy Chocolate Delights (Healthy, Delicious, Nutritious & Guilt-free!)*, *The Power of Emotions eBook*, *30 Ways to Balance your Emotions, Exercise & Eating*, and the upcoming, *30 Ways to Nourish your Mind, Body and Spirit*, and *Toilets, Mirrors and Chocolate Cake (Diary of a Recovering Bulimic)*.

With nearly twenty years of experience, personal insight and professional development in health, fitness, nutrition, biopsychology, positive psychology, mind-body healing, meditation, counselling, coaching and wellness, Viki's aim is to guide others in overcoming the emotional rollercoaster of disordered eating, self-neglect, unresolved emotions, unmanaged stress and old sub-conscious beliefs creating negative mindsets and self-sabotaging behaviours.

Helping others who struggle with stress and eating issues, body image and self-esteem is her true passion. Instilling self-care, love and belief in everyone is her intention.



Known for her warmth, generosity, humour and wisdom, it has always been Viki's gift to empower others to know who they are, embrace their body and believe in their worth.

Viki is founder and director of the [MindBodyFood Institute](#) offering holistic coaching and wellbeing courses for personal and professional development.

You can work with Viki at www.mindbodyfood.net

A PERSONAL NOTE

Dear Wellness Seeker

For many years I was kept unwell in mind, body and spirit because I was filled with anger, fear and self-doubt. I hated my body, I had no purpose or direction in my life, and I lacked confidence in myself to change.

I had spent so many years trying to please other people that I stopped being 'me' and I really didn't like the person I'd become. I felt resentful, which kept me stuck in the same patterns of low self-esteem and self-worth.

My recovery from Bulimia Nervosa involved years of studying personal development, self-growth and mind-body healing to eventually become qualified in helping others.

Once I took ownership of my life, I realised that I actually had a choice as to how I lived it and what I wanted for myself. It all started with believing I was worth more and exploring my own needs.

Too many people live according to what they think they should be doing, instead of what they really want to do. The result is feeling unloved, unfulfilled and unhappy.

You CAN love yourself. You CAN be happy. You CAN feel worthy. You CAN live a life you LOVE!

It all starts within YOU: your mindset, your beliefs, your thinking and behaviour.

Above all, it's in your ability to love yourself.

I BELIEVE in you.

Are you READY to BELIEVE in yourself?

GREAT!

Let's get started...

Viki

PS. I'd love to CONNECT with you via my social media hangouts and give you further inspiration, insight and support along your journey! xo

[TWITTER](#) | [FACEBOOK](#) | [YOUTUBE](#) | [INSTAGRAM](#) | [LINKEDIN](#) | [PINTEREST](#)

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My Wellbeing Assessment

In order to move in a positive direction, it is important to be clear about what needs attending to along the way by illuminating your self-awareness at the beginning.

The following Wellbeing Assessment is a comprehensive overview of your current state of health and wellness. It addresses the key elements of **Energy, Stress Management, Life Balance, Weight, Exercise, Nutrition and Health Issues.**

It also identifies the levels of importance, readiness and confidence that you will need to recognise in order to address these elements within your journey forward.

It's a great idea to print the wellbeing assessment out (pages 6-13) to help consider and mark your responses for easy reference. You may even like to repeat this wellbeing assessment at the end of your twelve week journey to measure your progress.

Completing this will assist to identify areas of your life that are working well with a positive step in identifying any areas that may require attention for future prevention or maintenance.

Name:

Date:

Energy

In a typical work-day, my energy is high, I am vigorous, and I am able to perform at my best.	Often / Sometimes / Rarely / Never
When not working, my energy is high, I am vigorous, and I am able to perform at my best.	Often / Sometimes / Rarely / Never

ENERGY BOOSTERS I experience the following energy boosters in my life:	ENERGY DRAINS I experience the following energy drains in my life:
Y / N Healthy sleep	Y / N Poor or insufficient sleep
Y / N Regular exercise	Y / N Too little exercise
Y / N Healthy eating habits	Y / N Unhealthy eating habits
Y / N Stress mgt, relaxation, or fun activities	Y / N Stress
Y / N Maintaining healthy weight	Y / N Weight management issues
Y / N Maintaining good physical health	Y / N Physical health issues
Y / N Healthy mindset	Y / N Pessimism or emotional issues
Y / N Healthy work relationships	Y / N Work relationship issues
Y / N Healthy family and personal relationships	Y / N Family or relationship issues
Y / N Healthy finances	Y / N Financial issues
Y / N Job satisfaction	Y / N Job Issues
Y / N Other _____	Y / N Other _____

Readiness for Change: *On a scale of 1 to 10 (1=Not, 10 = Very)*

<i>How ready are you to make changes or improvements in your energy level at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your energy level at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your energy level at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

SLEEP AND STRESS

I get 7-8 hours of sleep at night	Often / Sometimes / Rarely / Never
Minor problems throw me for a loop.	Often / Sometimes / Rarely / Never
I find it difficult to get along with people I used to enjoy.	Often / Sometimes / Rarely / Never
Nothing seems to give me pleasure anymore.	Often / Sometimes / Rarely / Never
I am unable to stop thinking about my problems.	Often / Sometimes / Rarely / Never
I feel frustrated, impatient, or angry much of the time.	Often / Sometimes / Rarely / Never
I experience feelings of tension and anxiety.	Often / Sometimes / Rarely / Never

I am coping well with my current stress load.	Y / N
I have suffered a personal loss or misfortune in the past year. (For example: a job loss, disability, divorce, separation, or the death of someone close to you). If more than one loss or misfortune, indicate number:	Y / N _____
I have friends and/or family with whom I can share problems and get help if needed	Y / N

I feel calm and peaceful.	Often / Sometimes / Rarely / Never
I have a lot of energy.	Often / Sometimes / Rarely / Never
I am a happy person.	Often / Sometimes / Rarely / Never
I take the time to relax and have fun daily.	Often / Sometimes / Rarely / Never
I feel downhearted or blue.	Often / Sometimes / Rarely / Never
I feel worthless, inadequate, or unimportant.	Often / Sometimes / Rarely / Never

Readiness for Change: *On a scale of 1 to 10 (1= Not, 10 = Very)*

<i>How ready are you to make changes or improvements in your sleep and stress level at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your sleep and stress level at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your sleep and stress levels at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

LIFE BALANCE

I maintain a comfortable balance between Work, Family, Friends and Self	Often / Sometimes / Rarely / Never
The area that I would most like to have more time for is:	Work / Family / Friends / Self

Readiness for Change: On a scale of 1 to 10 (1= Not, 10 = Very)

<i>How ready are you to make changes or improvements in your life balance at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your life balance at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your life balance at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

WEIGHT

Current Weight	Kg
Weight 1 Year Ago	Kg
Weight 2 Years Ago	Kg
Weight 5 Years Ago	Kg
Weight 10 Years Ago	Kg

Waist To Hip Ratio	
---------------------------	--

I have utilized the following weight-management program(s) in the last 10 years:	
---	--

Readiness for Change: On a scale of 1 to 10 (1= Not, 10 = Very)

<i>How ready are you to make changes or improvements in your weight at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your weight at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your weight at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

EXERCISE

Type Of Exercise	Days Per Week
Aerobic exercise – At least 20 minutes of vigorous intensity activity (fitness walking, cycling, jogging, swimming, aerobic dance, active sports) (3 or more days desirable) OR at least 30 minutes of moderate intensity activity (5 or more days desirable).	<i>Day/s Per Week</i>
Strength exercises – At least 10 minutes of strength-building exercises (such as sit-ups, push-ups, or use strength-training equipment) (2-3 days desirable)	<i>Day/s Per Week</i>
Flexibility or stretching exercise – At least 5 minutes to improve flexibility of your back, neck, shoulders, and legs (3 days desirable)	<i>Day/s Per Week</i>

I currently have the following limitations on physical activity , if any (e.g., injuries, illness, medical conditions):	
I previously had the following limitations on physical activity , if any, over the last 5 years:	

Readiness for Change: On a scale of 1 to 10 (1= Not, 10 = Very)

<i>How ready are you to make changes or improvements in your level of exercise at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your level of exercise at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your level of exercise at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

NUTRITION

I eat a full breakfast each day.	Often / Sometimes / Rarely / Never
I eat “junk” snack foods between meals (e.g. chips, pastries, candy, ice cream, cookies).	Often / Sometimes / Rarely / Never
I eat high fat food (such as hamburgers, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, butter, cake, pastry, ice cream, chocolate, fried foods, and many fast foods)	Often / Sometimes / Rarely / Never
I eat low fat food (such as lean meats, skinless poultry, fish, skim milk, low fat dairy products, fruit desserts, vegetables, pasta, legumes (peas and beans)).	Often / Sometimes / Rarely / Never
I eat refined grain (such as white bread, rolls, regular pancakes and waffles, white rice, typical breakfast cereals, typical baked goods)	Often / Sometimes / Rarely / Never
I eat whole grain (such as whole grain breads, brown rice, oatmeal, whole grain or high fiber cereals)	Often / Sometimes / Rarely / Never
I eat 5 servings of fruits and vegetables daily.	Often / Sometimes / Rarely / Never
I drink eight 8 glasses of water daily. (8 desirable)	Often / Sometimes / Rarely / Never
I drink non-diet soft drinks daily.	Often / Sometimes / Rarely / Never

I drink (number of) alcoholic drinks per week day	
I drink (number of) alcoholic drinks per weekend day	

Readiness for Change: *On a scale of 1 to 10 (1= Not, 10 = Very)*

<i>How ready are you to make changes or improvements in your nutrition at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your nutrition at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your nutrition at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

HEALTH

In general, my overall health is excellent	True / False
I have a primary care doctor whom I see regularly	Yes / No
The approximate date of my last physical exam :	

BLOOD PRESSURE: Systolic (High Number - < 120 desirable)	
BLOOD PRESSURE: Diastolic (Low Number - < 80 desirable)	
BLOOD LIPIDS (FASTING): Total cholesterol – (< 200 desirable)	
BLOOD LIPIDS (FASTING): HDL – Good Cholesterol (> 40 men, > 50 women desirable)	
BLOOD LIPIDS (FASTING): LDL - Bad Cholesterol (< 130 desirable)	
BLOOD LIPIDS (FASTING): Triglycerides (<150 desirable)	

Y / N Women - I am currently pregnant.	Y / N Men - I had a prostate exam within last 12 months
Y / N Women - I am currently pregnant.	Y / N Men - I practice monthly testicle self-exam for lumps
Y / N Women - I had mammogram within the last 12 months	
Y / N Women - I practice monthly breast self-exams for lumps	

I use drugs or medicines (include prescription and non-prescription) that treat depression, affect my mood, help me relax, or help me sleep.	Often / Sometimes / Rarely / Never
I have had bodily pain during the past month. If so, describe – Sore Feet/Back	Often / Sometimes / Rarely / Never
During the past month, I have had difficulty doing work, or other regular activities, as a result of my physical health.	Often / Sometimes / Rarely / Never
I smoke, If so, describe:	Often / Sometimes / Rarely / Never
I have missed (how many days) from work due to illness or injury during the last 6 months	

My doctor has informed me that I currently have the following health problems:

Asthma or lung disorder	Not Under Control / On Medication / Not Applicable
Bowel polyps or inflammatory bowel disease	Not Under Control / On Medication / Not Applicable
Cancer, other than non-melanoma skin cancer	Not Under Control / On Medication / Not Applicable
Chronic bronchitis or emphysema (COPD)	Not Under Control / On Medication / Not Applicable
Coronary heart disease, congestive heart failure, angina, heart attack, or heart surgery	Not Under Control / On Medication / Not Applicable
Depression (mental illness)	Not Under Control / On Medication / Not Applicable
Diabetes (high blood sugar)	Not Under Control / On Medication / Not Applicable
High blood pressure (140/90 or higher)	Not Under Control / On Medication / Not Applicable
High blood cholesterol (200 or higher)	Not Under Control / On Medication / Not Applicable
Sciatica or chronic back problem (musculoskeletal)	Not Under Control / On Medication / Not Applicable
Stroke or restricted blood flow to head or legs	Not Under Control / On Medication / Not Applicable
Arthritis	Not Under Control / On Medication / Not Applicable

I have had the following within the last month:

Y / N - Chest pain or discomfort, frequent palpitations or fluttering in the heart	Y / N - Temporary sensation of numbness or tingling, paralysis, vision problem, or light-headedness
Y / N - Unusual shortness of breath	Y / N - Frequent urination and unusual thirst
Y / N - Unexplained dizziness or fainting	Y / N - Frequent back pain
Y / N - Trouble sleeping	

Readiness for Change: *On a scale of 1 to 10 (1= Not, 10 = Very)*

<i>How ready are you to make changes or improvements in your health at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How important is it that you make changes or improvements in your health at this time?</i>	0 1 2 3 4 5 6 7 8 9 10
<i>How confident are you that you can make changes or improvements in your health at this time?</i>	0 1 2 3 4 5 6 7 8 9 10

CREATING GOALS

Most people try to make changes ALL AT ONCE only to find that after a few weeks of diligent effort, the motivation begins to fall away and old patterns of behaviour slowly return. This leaves many only feeling like a failure and believing it's just too hard to change. Can you relate?

Long term lifestyle, mindset, physical and mental change requires planning and care. Let's be realistic: what might have taken you a year or few to accumulate, might take quite a few months to release: physically and emotionally.

This comprehensive workbook covers the foundation of your future 'best' self. It is designed to assist an individual in creating a structured yet flexible plan to clarify, design, realise and actuate their specific wellness goals in all areas of their life.

The brain needs time to develop new habits, form new behaviours and think in different ways. Unless you have incredible will power (and most people don't) going "all out" is a terrible way to make POSITIVE and LASTING change in your life. It's just way too much to take on and process at once.

Small yet significant changes that are gradually introduced into your lifestyle and daily routine are absolutely the best way to go. Working within daily, weekly and monthly guidelines allows you to focus on making small steps every day without feeling like it's just all too much.

Once you have incorporated one aspect of change, your motivation and self-belief are naturally higher, and you can then move forward in taking the next small yet significant step to steadily IMPROVING your life.

A successfully proven way to do this is by working within the **SMART principle**. SMART goals are: *Specific, Measurable, Achievable, Realistic and Time-bound*.

Meaning that if your goal is to create a happier, healthier and fitter YOU, then deciding exactly what you want to achieve and when, and breaking it down into specific and small increments, not only seems a little more do-able, but also takes the pressure off trying to change everything overnight – even though you may want to!

The following questions will help to clarify your SMART goals and lay the foundation for the rest of the workbook.

CREATING SUPPORT

Studies show that people embarking on lifestyle changes, such as for health, fitness and wellness, achieve greater success with a network of support.

It is those people who surround you daily that are most beneficial in helping you achieve your goals by providing an exercise buddy, a shoulder to lean on, mutual support, understanding, sharing and motivation.

By the same token, there may be people in your life who are not ready to make changes in their own situation, even though they may wish to. Be prepared to face unsupportive people who may be jealous, envious or resentful that you are taking action and creating change in your life.

Using the following questions, consider this possibility in your own life. By creating strategies for potential problems, you are empowering yourself with the strength and awareness to overcome any of these obstacles should they arise.

While hiring a Coach ensures motivation, education, support and being held accountable, they are only in your life for a set period of time to guide you on your journey and teach you the skills and strategies you need to reach the goals you seek.

Throughout this workbook YOU are the Coach, and you will come to know yourself in a completely new way! Enjoy this journey and do everything you can to help yourself succeed. I believe in you.

What obstacles, situations or people could get in the way of reaching my goals?

How can I overcome them?

What kind of support do I need to achieve these goals?

Who can I enlist?

What shall I tell them?

What do I need them to do/say/not do/ not say?

What other support can I get?

e.g.

Fitness group

Online support

Personal Development books

Additional courses or workshops

Would you be willing now to talk to that person/these people/do this or that to gain the support you need in achieving your goals?

YES – Excellent. Let’s get started!

NO – What else do you need to consider in feeling comfortable sharing your goals and creating the right support for you?

Or, what are you afraid of?

If you have any uncertainties or hesitations creeping into the back of your thoughts, now is a great time to bring them out and acknowledge them.

Weighing up your fears or concerns against your future health and happiness, allows you to see for them for what really they are – **limiting**.

For this purpose, let’s go through a Decisional Balance sheet before moving any further and look at all the pros and cons of changing, or staying the same.

Now is your chance to *break free* and move towards the life and wellness that you **DESERVE!**

Be as honest as possible in filling out the following Decisional Balance table. This awareness and clarity will serve as a reminder of what you are setting out to achieve and why, but most importantly it will assist in clarifying any perceived obstacles. These obstacles will most probably have some fear attached to them, which we will address shortly; self-awareness is the first step.



NOW is the time to set yourself FREE!

Decisional Balance

To change or not to change?

REASONS TO STAY THE SAME	REASONS TO CHANGE
1. What are the benefits of staying the same? (list as many as you can – these are barriers)	2. What are your concerns about staying the same? (change talk)
3. What are your concerns about changing? (again list as many as you can)	4. What are the benefits of changing? (list as many as you can)

With these key points of decision-making in mind, consider the following:

If you don't change, nothing will change. What is it costing you to stay the same?

What impact will this have on your future? (*Mentally, emotionally, physically*)

How do you feel/what do you think about that?

What do you want to do about this?

ARE YOU LIVING A BALANCED LIFE?

It is important to address all aspects of your being to create and appreciate true balance and wellness. By creating awareness in all areas of your life, you are enabling yourself to recognise, plan and fulfil your needs in mind, body, spirit and emotions – acknowledging and taking care of your entire wellbeing.

Below is a list of life areas that make up the foundation of your whole being. This represents an individual's needs for creating fulfilment, purpose, meaning, health, belonging, happiness, safety, challenge and love in their lives.

HOLISTIC LIVING – ASPECTS OF LIFE

ASPECT OF LIFE	EXPLANATION
HOME	Our living environment; our house; our space
HEALTH & FITNESS	Level of fitness; general health
FAMILY	Immediate and extended
LOVE & RELATIONSHIPS	Self; Romantic partnerships; sexuality
FINANCES & WEALTH	Financial situation; wealth creation
CAREER & BUSINESS	Profession; job
FRIENDSHIP	Social interaction; support network
FUN & CREATIVITY	Hobbies; activities
COMMUNITY	Contribution to community; volunteer work; humanitarian work; charity
PERSONAL GROWTH	Self-Development; spiritual growth; sense of purpose & meaning

Think about each of your own aspects of life and fill in the chart below.

ASPECT OF LIFE	Rate how happy you are now: 1 being not at all happy – 10 being very happy	Rate how important it is to you: 1 being not at all happy – 10 being very happy	What are 3 good things about this area of your life?	What are the negatives about this area of your life?
HOME				
HEALTH AND FITNESS				
FAMILY				
LOVE AND RELATIONSHIPS				
FINANCES AND WEALTH				

CAREER AND BUSINESS				
FRIENDSHIP				
FUN AND CREATIVITY				
COMMUNITY				
PERSONAL GROWTH				

NOTES

Look at the areas where you identified room for self-growth and personal development within your life – usually below 7.

How would you like these areas to be different? Let’s explore on the following page...

WHAT DO YOU WANT?

HOME ENVIRONMENT

I would like...

HEALTH & FITNESS

I would like...

RELATIONSHIPS

I would like...

CAREER & FINANCES

I would like...

FUN & CREATIVITY

I would like...

STRESS & LIFE BALANCE

I would like...

ENERGY

I would like...

BODY IMAGE

I would like...

PERSONAL DEVELOPMENT

I would like...

WHAT DO YOU NEED?

If you've found yourself drawn to this workbook, then chances are you haven't been having your needs met for quite some time and now find yourself in a state of dissatisfaction, overwhelm, poor sleep, unhealthy eating habits, and high stress levels.

Now that you have started to identify areas where you would like to grow, develop and create positive change, it's time to expand those ideas into a comprehensive picture of how your life could be if you had the life balance and wellness you are envisioning for yourself.

Start to imagine what your life would be like if you had your life balance and wellness the way you want it. What do you need in each area of your life?

Work through the following Needs Assessment table to bring awareness to your needs and whether you are currently fulfilling them. Include any ideas on how you can meet them in the future.

LIFE AREA	MY NEEDS	HOW ARE MY NEEDS BEING MET NOW?	MY PLANS FOR HAVING MY NEEDS MET
HOME			
HEALTH AND FITNESS			

FAMILY			
LOVE AND RELATIONSHIPS			
FINANCES AND WEALTH			
CAREER AND BUSINESS			
FRIENDSHIP			

FUN AND CREATIVITY			
COMMUNITY			
PERSONAL GROWTH			

Excellent!

Now you know what is working well in your life, what you need, and some ideas on how you can fulfil what is lacking!

The next step is to give VALUE to what you want to change.

Many people overlook or dismiss this crucial step, but if you don't know what you want, and you don't know why it's important enough to go after, then how do you know it's worth going through all this change for?

You really do need to clarify why it's important and give value to what you say you want. Otherwise, somehow you'll find or create a way (self-sabotage) to make it not important enough to follow through.

Do you want to return to feeling unhappy, unfulfilled and probably feeling like a failure?

No?! Then let's do this!

VALUING YOUR NEEDS

Why you want what you say you want...

What is most important to you about living a fitter, healthier and happier life?

What would *most* improve in your life if you had optimum health and wellness?

What would you be able to do that you aren't doing, or can't do now?

Who or what do you believe is stopping you from having a healthy lifestyle?
(*Obstacles, self-sabotage etc.*)

What do you think you SHOULD be doing to live the life you truly want?

What COULD you be doing to live the life you truly want?

So, why aren't you living the life you truly want?

What are 3 behaviours you believe are most responsible for your current lifestyle?

1. _____
2. _____
3. _____

What are 3 NEW behaviours that would make your health and wellness improve?

1. _____
2. _____
3. _____

Looking through your list of negative self-talk, isolate the **3 BELIEFS** you think are *most* responsible for your current lifestyle choices?

1. _____

2. _____

3. _____

Limiting beliefs do not serve us.

They deny us the freedom to move forward with our lives by driving self-sabotaging behaviours, negative emotions and destructive patterns that keep us stuck, unhappy and believing we are stuck and cannot change.

The 3 limiting beliefs above may have been true for you at one time in your life, but are they relevant now? Are they true for you now? Will they help you achieve your wellness goals – or will they continue to hinder you and simply get in the way with self-sabotaging, negative thoughts?

It's time to challenge your unhelpful, erroneous beliefs and replace them with more appropriate and positive statements of your own choosing.

What is it that YOU believe is possible and true for YOU?



I believe in myself and take action every day to achieve my goals!

Change your thoughts and you change your life.

It's time to tell yourself that you *can* think, do, say, have, be, feel and experience whatever your old belief has told you is not possible, too hard, unworthy, not good enough, difficult, never happens to you, always happens to you... etc.

At first this may be difficult to put into words, but try to create a new statement that asserts the **complete opposite** of what your *old limiting* belief has been telling you over and over again without challenge. Focus on how you want to *feel* instead...

1. _____

2. _____

3. _____

The following page has an example of [positive affirmations](#) that may also be relevant to you. Choose any that resonate with you to include in your positive affirmations list.

The most important guidelines to follow in creating affirmations, are the three P's:

1. Make it Personal (use "I" statements – you cannot change another)
2. Keep it in the Present Tense (as if this is already true for you)
3. Use only Positive Statements (the Universe is always listening)

(You will find a greater list of Daily Affirmations on [page 41](#).)

I expect vibrant
health now!

I deserve all the
good that life has to
offer.

I am changing my life
for the better.

Every day I show love
and respect for myself.

It is safe for me to
express my
opinions and
feelings.

I speak up with
courage.

I love and approve of
myself.

I CAN change my
life!

I am strong and
capable of making
change.

I CAN have the life I
deserve.

I am making
the most of the
opportunity of
TODAY!

ARE YOU READY?

Congratulations for taking the time to work through the foundation of your positive change goals. It is a very important step that I hope you haven't skipped through!

Now that you have a clearer picture of what you want to change and why, take a few minutes to visualise your goals with a mental picture to reinforce your new self-beliefs, clarified needs, and written and verbalised goals with visual images for the brain to truly receive your messages.

Sit comfortably, take a few slow deep breaths, close your eyes and capture the image of yourself with optimum wellness, living a life you love...

Think about the following to engage your senses:

- What are you doing?
- How are you feeling?
- Who and what is around you?
- Are you happy and smiling?
- What do you look like?
- What can you see and hear?
- How do your clothes fit?
- Notice your energy levels
- Pay attention to how your body feels (*lighter, stronger, fitter*)
- How do you feel within yourself?

While holding this mental vision of your future self, get in touch with your inner wisdom and insight to guide you through the following questions:

The reasons I want this are...

1. _____
2. _____
3. _____
4. _____
5. _____

Some of the obstacles that could get in the way are...

1. _____
2. _____
3. _____
4. _____
5. _____

My strategies for overcoming these obstacles are...

1. _____
2. _____
3. _____
4. _____
5. _____

Past achievements that required effort were...

1. _____
2. _____
3. _____
4. _____
5. _____

I succeeded in those endeavours because...

My strengths (skills I have) include...

1. _____
2. _____
3. _____
4. _____
5. _____

I can use those strengths to help me achieve what I want now by...



**Every day I feel stronger and
more confident in who I am!**

We are approaching the end of Part One. Yay!

At this time, there are only three VERY important questions left to ask on the path to positive change.

On a scale of 1 to 10:

How **important** is it for you to live a healthier, happier and more fulfilled life?

1 _____ 3 _____ 5 _____ 7 _____ 10

Because... _____

How **committed** are you to making it happen?

1 _____ 3 _____ 5 _____ 7 _____ 10

How **confident** are you of making it happen?

1 _____ 3 _____ 5 _____ 7 _____ 10

IF you scored *lower* than 7 for committed or confident, what would have to happen to make you feel *more* committed or confident to AT LEAST reach a 7?

What can you do or change to make that happen?

REMINDER!

I have been successful in the past because of the following strengths...

Now ask yourself again:

How **important** is it for you to live a healthier, happier and more fulfilled life?

1 _____ 3 _____ 5 _____ 7 _____ 10

How **committed** are you to making it happen?

1 _____ 3 _____ 5 _____ 7 _____ 10

How **confident** are you of making it happen?

1 _____ 3 _____ 5 _____ 7 _____ 10

CONGRATULATIONS!

YOU HAVE NOW CREATED YOUR WELLNESS VISION

ARE YOU READY TO MAKE IT HAPPEN?!

Onward to your ACTION PLAN...



PART TWO

YOUR WELLNESS ACTION PLAN

Your action plan includes several specific and readymade worksheets.

Depending on your individual goals, some of the following worksheets may be more relevant and helpful to you than others.

Use whichever worksheets are valuable to your overall health and wellness goals.

Your Goal Pyramid and Twelve Week action plan worksheets are the crux of your SMART plan for success.

Read them carefully and commit to filling in what you want, by when, why you want it, and where you may need assistance.

Always take time out to review your progress with the Mental Vision sheet provided.



Believing in yourself and what you can achieve is

naturally motivating!

CREATING YOUR MENTAL VISION

What I did well today

It's far too easy to focus on the negative and beat yourself up about it.

Every day, write down all the things that you are doing **right** and focus on the positive changes you are making that are working well for you - not on what you didn't do, or what didn't work.



Tomorrow is a brand New Day of creating change. What you learn today, you can apply (again) tomorrow.

Consistent positive behaviour will become a new habit over time. This is positive behaviour change. It is so important to remind yourself that you ARE making positive changes towards the life you want for yourself.

Acknowledge your own efforts by writing them down and reviewing them daily.

My Mental Vision

Equally as important as writing down and acknowledging your daily efforts, is reminding yourself **why** you are making these positive changes in your life; **what** you are striving to improve in your life.

Every day, take a few moments to visualise yourself living the life you imagine. (Use my [Creating Your Best Future Self Meditation](#) to help you!)

Write down the mental picture you have created in your mind of the **happier, healthier, more balanced** version of **YOU**.

See yourself in your minds' eye smiling, laughing and enjoying the life you want for yourself. Imagine how much more energy, happiness, purpose, fulfilment and self-acceptance you will have.

Experience all of your senses in creating your mental picture: feel, see, touch, taste and smell your new life.

Focus on this image **daily**, perhaps in **meditation**. Affirm what you want by **writing it down** and visually look at and read it often to remind yourself of what you want, why you want it, and that you CAN have it!

MY 12 WEEK WELLNESS GOALS

My **Twelve Week** goals are:

Create a positive statement for each life area that clearly asserts what you intend to achieve and HAVE at the end of the twelve weeks.

Each sentence begins with "In twelve weeks".

Area: Fitness

In twelve weeks _____

Area: Nutrition

In twelve weeks _____

Area: Weight Management

In twelve weeks _____

Area: Stress Management

In twelve weeks _____

Area: Eating Behaviours

In twelve weeks _____

Area: Other

In twelve weeks _____

GREAT WORK!



On the next page, use the Goal Pyramid to break these goals down and chart a time frame for each. **Print out as a visual reminder.**

GOAL PYRAMID

ULTIMATE WELLNESS GOAL

WEEKLY GOALS

Week 12

Week 11

Week 10

Week 9

Week 8

Week 7

Week 6

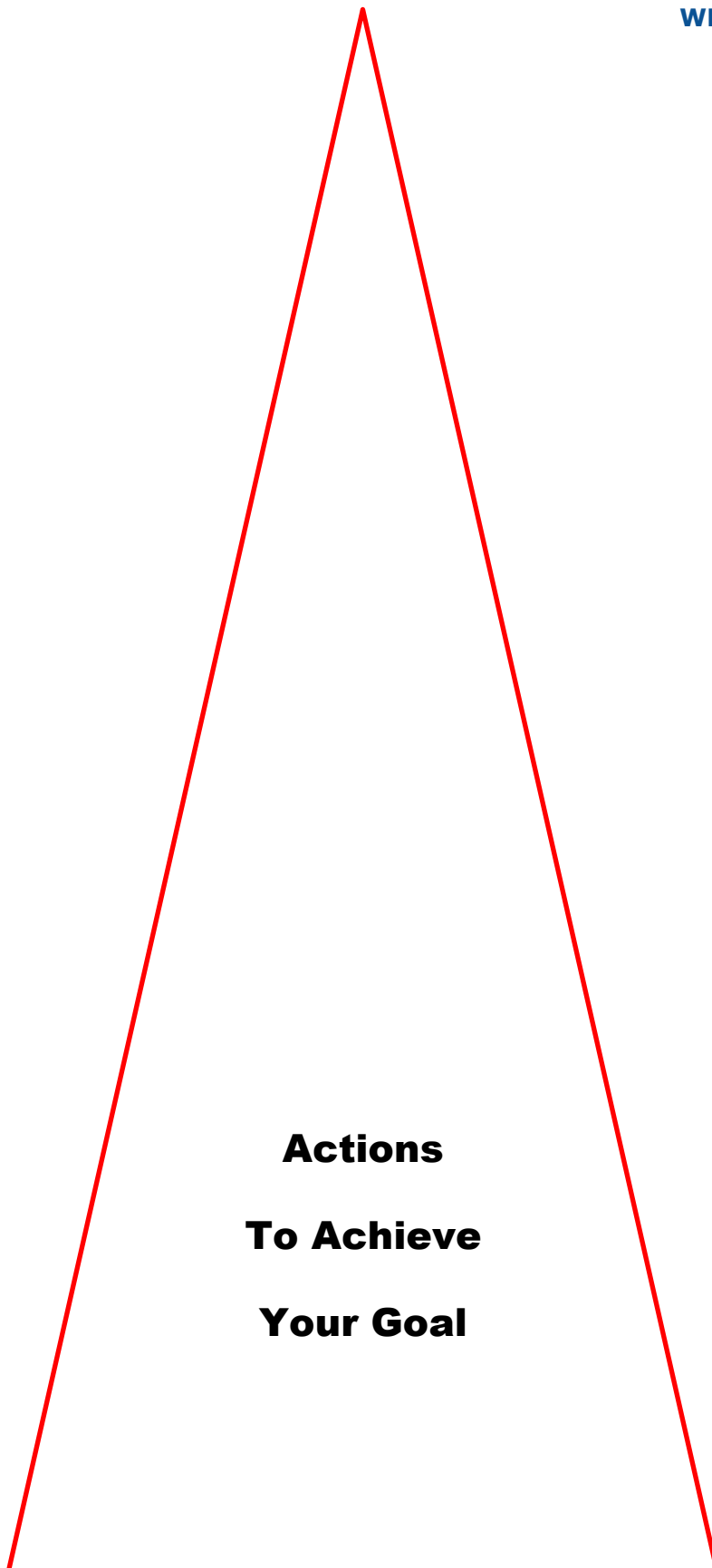
Week 5

Week 4

Week 3

Week 2

Week 1



Actions

To Achieve

Your Goal

I BELIEVE IN YOU!

Change can be hard and difficult, but it can also be the best thing you ever embrace when you move with it, instead of against it.

Keep Moving Forward!



You have now done the foundational preparation for your wellness plan – you have totally got yourself covered!

Your self-awareness has grown. You have faced your fears and accepted your past.

Moving forward with your new-found sense of self, and your vision in mind, you are on your way to achieving a happier, healthier and more fulfilling life!

Start living it!

Depending on your overall wellness goals, you may find these **additional worksheets** on the following page helpful:

- Weekly Meal Planner
- Body Review Sheet
- Daily Affirmations

WEEKLY MEAL PLANNER

DAY	MEAL ONE	Snack	MEAL TWO	Snack	MEAL THREE
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

BODY REVIEW SHEET

Print one sheet for every FOUR weeks ONLY.

As our bodies fluctuate noticeably over the course of four weeks (particularly for women), it is very important to place emphasis on clothes fit, mental state and physical energy, rather than numbers.

START DATE: _____

Measurements	Before <i>(cm or inches)</i>	After <i>(In Twelve Weeks!)</i>	Notes
Chest			At nipple height
Lower Abs			Largest circumference
Waist			At belly button
Hips			Largest circumference
Thighs			Midpoint of thigh
Arms			Midpoint of arm
Body Weight			In lbs. or Kgs.



Daily Positive Affirmations:

For health –

I care for my health. I nourish my body with exercise and good nutrition.

I am a person who makes time to exercise and eat right.

I calm my mind, I exercise my body and I nourish my heart and lungs.

For motivation –

I am naturally motivated. I seize each moment and live life to the fullest.

I love my life. Every day I am motivated to enjoy more, laugh more and move more.

For relationships –

I am in a loyal and loving relationship. I feel safe and loved and my life is full.

I am safe and loved. My heart is open. My mind is open. I am safe and loved.

For better sleep –

I honour my body with regular sleep. I go to bed when I'm tired and wake when I'm rested.

I obey the natural rhythm of my body. I focus on my breath and allow my mind to rest.

For less stress –

I slow my mind and release my worries. All is well. I am relaxed and safe.

I breathe in and open my heart. I breathe out and release all tension.

For more energy –

I have boundless energy. I feel alive and happy with energy to burn.

I possess optimum health now. Every breath invigorates my spirit and my spirit is willing.

Complete 12 Week Goal-Setting and Review Sheets

The following pages include twelve complete, daily and weekly goal-setting and review sheets to assist your planning, keep you visually on track, problem-solve any obstacles, and celebrate your accomplishments.

Every week, review your goals and progress.

Set new SMART goals for each week ahead, and continue with others in forming new positive habits and helpful beliefs.

Acknowledge the positive changes in your life and congratulate yourself on what you are achieving each week along your journey.

Are You Ready?



**Take a deep belly breath
and go for it!**

FIRST WEEK

Date: _____

My **first** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future (next week)?

Step 1: Look for the **cause** of the challenge or obstacle

Step 2: Consider possible **solutions** (brainstorming)

Step 3: Choose the **best** solution

Step 4: Plan to **implement** your program next week and **monitor**

Notes _____

SECOND WEEK

Date: _____

My **second** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

THIRD WEEK

Date: _____

My **third** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

FOURTH WEEK

Date: _____

My **fourth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

FIFTH WEEK

Date: _____

My **fifth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

SIXTH WEEK

Date: _____

My **sixth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

SEVENTH WEEK

Date: _____

My **seventh** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

EIGHTH WEEK

Date: _____

My **eighth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

NINTH WEEK

Date: _____

My **ninth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

TENTH WEEK

Date: _____

My **tenth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

ELEVENTH WEEK

Date: _____

My **eleventh** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

TWELFTH WEEK

Date: _____

My **twelfth** week goals are:

Weekly Affirmation to support my mind and emotions:

My daily breakdown for this week is:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Week in Review

What did I do well each day this week?

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

What positive reminders did I learn about myself this week?

Strengths, skills, attributes, attitude, character, action...

Week in Review

Did I achieve all the goals I set for myself this week? _____

If not, what obstacles got in the way?

How could I handle that in future?

Step 1: Look for the cause of the challenge or obstacle

Step 2: Consider possible solutions (brainstorming)

Step 3: Choose the best solution

Step 4: Plan to implement your program next week and monitor

Notes _____

CONGRATULATIONS!

**You have reached your
12 WEEKS OF POSITIVE CHANGE!**

**You have now developed new habits and a deeper sense of
who you are to live a happier, healthier and more fulfilling
life!**

I'm SO proud of you 😊

Are you proud of yourself? You deserve to feel proud.


**Take a few moments of mindful breath to sit quietly and
reflect on the changes you have made.**

**Think about what you have learnt and applied.
Acknowledge how far you have come.**

Blessings for your future happiness!

Remember – It's up to YOU.

Viki



BELIEVE
AFFIRM
CREATE

VIKI THONDLEY

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With Viki Thondley