

Self-Coaching for Small Changes and Habits

Wellness Vision

Paint a picture in your mind of what you would look and feel like at your ideal level of wellness? Use the space below to begin to write your own wellness vision.

Assessing Readiness to Change

To help you understand your stage of readiness, please complete the short quiz below:

1. The goal or behavior I want to work on first is:
2. My reasons for wanting to change this behavior are:
3. The challenges that I have to deal with in changing this behavior are:
4. My strategies for dealing with those challenges are:
5. My goal for the next week, month, etc., with respect to this behavior is:

Design 9, 6, 3-Month Goals

- Choose three actions that are most important to pursue surrounding the following health topics:
 - Sleep
 - Nutrition
 - Physical Activity
 - Mental Health (Mood)

- Create 9,6,3-month goals using SMART behavioral goal parameters

SMART Goals

(S)pecific

(M)easurable

(A)ctionable (behaviors)

(R)ealistic/relevant

(T)ime-lined

9, 6, 3-Month Goal #1: _____
○ Confidence Level 1 2 3 4 5 6 7 8 9 10

9, 6, 3-Month Goal #2: _____
○ Confidence Level 1 2 3 4 5 6 7 8 9 10

*Example: By *insert 9,6,3-month date*, I will adopt a consistent sleep hygiene routine and follow that schedule for 7 nights of the week.*

Monthly Goal Setting

Key questions to ask while developing:

- What is your next step?
- Where would you like to go from here?

Apply SMART goals to weekly goal setting (Specific, Measurable, Achievable, Realistic, Time Specific)

Month ____ Goal(s)/Action Steps

1. _____

- Confidence Level 1 2 3 4 5 6 7 8 9 10

2. _____

- Confidence Level 1 2 3 4 5 6 7 8 9 10

Examples:

- *By *insert monthly date* I will adopt a full sleep hygiene schedule (have chamomile tea, change into PJs, brush my teeth, face-washing routine, no screen time, take contacts out, read chapter of book, etc) and will be following the schedule 7 nights a week.*
- *By *insert monthly date* I will be asleep by 10 pm, 7 nights a week and wake up at 6:30 am 7 days a week, to ensure 8.5 hours of sleep every night.*

Weekly Goal Setting

Key questions to ask while developing:

- What is your next step?
- Where would you like to go from here?

Apply SMART goals to weekly goal setting (Specific, Measurable, Achievable, Realistic, Time Specific)

Week ____ Goal(s)/Action Steps

1. _____
• Confidence Level 1 2 3 4 5 6 7 8 9 10

2. _____
• Confidence Level 1 2 3 4 5 6 7 8 9 10

Examples:

- *One night this week, Monday, I will change into pajamas, take my contacts out, brush my teeth and do my face-wash routine at 9:15 pm, before getting into bed at 9:30 pm.*
- *One night this week, Monday, I will read a chapter of a book in bed from 9:30 – 9:45 pm and turn lights out at 9:45 pm to accomplish being asleep by 10 pm.*

Goal Evaluation

Use for Weekly, Monthly, 9, 6, 3 Month Goal Evaluation

1. Check-in, Ask Yourself:

“How are you in this moment?”

“On a scale 1-10 where would you gauge your energy level right now?”

If less than 4, you may want to re-consider re-scheduling for another time when your energy is a 6 or higher.

2. Engagement, Evoke Positive Thoughts- Ask Yourself:

“What was the best experience you had regarding your health this week?”

“Why was this the best experience this week?”

3. Goal Review-Decide which goal would you like to review first

Goal #1-Ask yourself: “What went well with this goal?”

Challenges:

New Strategies to help complete goal:

What percentage of completion would I give myself: _____

Goal #2-Ask yourself: “What went well with this goal?”

Challenges:

New Strategies to help complete goal:

What percentage of completion would I give myself: _____

4. Focusing—Ask Yourself:

“What would I like to accomplish now?”

“What do I want to know about...?”

Reflections of your thoughts...

Decide what goal you will work on next

5. Evoking Change talk

Ask yourself questions related to the target behavior, think about reflections to build motivation

- “What are your reasons for _____ (increasing physical activity)?”
- “What benefits do you hope to see if you _____ (are able to eat healthier)?”
- “Looking forward, how will your life be different if you are able to _____?”
- “How would you go about making this change to be successful?”
- “What have you learned from previous changes/attempts that can help you?”
- “Why do you want to make this change? Why now?”

6. Goal Setting

Ask a key question “What is your next step? or Where would you like to go from here?”

Develop SMART goal (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime Specific)

Goal #1 _____

Confidence on scale of 1-10: _____ (If less than 6 rework goal)

Goal #2 _____

Confidence on scale of 1-10: _____ (If less than 6 rework goal)

7. Set Follow-Up Appointment with Yourself for Weekly, Monthly, 9, 6, 3-month goal evaluation