**Wellness Action Plan for COVID-19**

*Ithaca College Wellness Clinic*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*The purpose of this worksheet is to help you adjust your goals for your new reality. This is intended for your own purposes and is meant to support and challenge you toward continued or improved health and fitness.*

**Purpose:**

What do you want to achieve during this time (what are your goals)?

1.

2.

How will you know you have achieved your goals?

1.

2.

What steps can you take to accomplish these goals?

1.

2.

**Prioritize:**

How important are these goals right now?

1.

2.

What other goals are important to you right now?

1.

2.

How might fitness or wellness help you reach the other goals you have right now?

1.

2.

**Commitment:**

How many days per week do you plan to exercise?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much time are you planning for each workout?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment of Obstacles**:

What might stand in the way of reaching your goals?

1.

2.

What adjustments can you implement to meet your goals?

1.

2.

How will you respond if you experience a setback (e.g. miss a workout)?

1.

2.

*By signing below, I am committing to this plan toward improving my health and fitness:*

Signature: