



Canadian Mental
Health Association
New Brunswick
Mental health for all

Association canadienne
pour la santé mentale
Nouveau-Brunswick
La santé mentale pour tous



BE MIND FULL
CHAMPIONS FOR POSITIVE MENTAL HEALTH SINCE 1918

MY PERSONAL WELLNESS CONTRACT

Name: _____ Date of Commitment: _____

- I would like to improve my level of wellness.
- I believe that a higher level of wellness will bring me powerful benefits that are important to me, my family, and my community.
- I am ready to take responsibility for making and sustaining changes in all areas of wellness.
- I am ready and committed to invest at least three months to make change.
- I am ready to address issues that are hindering my wellness.
- I understand that setbacks are normal on the path of wellness. I will ask for the help, support, feedback, or resources I need to be successful.
- I will develop goals in all areas of wellness in which I need to improve.
- I will celebrate victories as well as setbacks. There is no defeat, only new opportunities to learn and grow. I will be graceful and kind to myself.

MY GOALS FOR THIS PERIOD ARE:

Resilience:

Work/Life Balance:

Positive Attitude:

Mindfulness:

Self-Esteem:

Physical Health:
