



SMALL STEPS SEPTEMBER

30 Days of Everyday Wellness | September 1-30, 2026

GOAL: 20 DAYS

How to Participate

Complete at least one wellness activity per day, then check the box and write the category code. **Aim for 20 completed days.**

- M** Move **N** Nourish
R Recharge **C** Connect
Z Rest

Move — Walk, stretch, take the stairs, or find another way to move

Nourish — Drink water, enjoy a balanced meal, or choose a nourishing snack

Recharge — Take a screen break, spend time outdoors, or practice a calming activity

Connect — Check in with a coworker, friend, or family member

Rest — Make a choice that supports relaxation or quality sleep

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 ☐ <i>What did you do? (optional)</i> Category code(s): _____	2 ☐ <i>What did you do? (optional)</i> Category code(s): _____	3 ☐ <i>What did you do? (optional)</i> Category code(s): _____	4 ☐ <i>What did you do? (optional)</i> Category code(s): _____	5 ☐ <i>What did you do? (optional)</i> Category code(s): _____
6 ☐ <i>What did you do? (optional)</i> Category code(s): _____	7 ☐ <i>What did you do? (optional)</i> Category code(s): _____	8 ☐ <i>What did you do? (optional)</i> Category code(s): _____	9 ☐ <i>What did you do? (optional)</i> Category code(s): _____	10 ☐ <i>What did you do? (optional)</i> Category code(s): _____	11 ☐ <i>What did you do? (optional)</i> Category code(s): _____	12 ☐ <i>What did you do? (optional)</i> Category code(s): _____
13 ☐ <i>What did you do? (optional)</i> Category code(s): _____	14 ☐ <i>What did you do? (optional)</i> Category code(s): _____	15 ☐ <i>What did you do? (optional)</i> Category code(s): _____	16 ☐ <i>What did you do? (optional)</i> Category code(s): _____	17 ☐ <i>What did you do? (optional)</i> Category code(s): _____	18 ☐ <i>What did you do? (optional)</i> Category code(s): _____	19 ☐ <i>What did you do? (optional)</i> Category code(s): _____
20 ☐ <i>What did you do? (optional)</i> Category code(s): _____	21 ☐ <i>What did you do? (optional)</i> Category code(s): _____	22 ☐ <i>What did you do? (optional)</i> Category code(s): _____	23 ☐ <i>What did you do? (optional)</i> Category code(s): _____	24 ☐ <i>What did you do? (optional)</i> Category code(s): _____	25 ☐ <i>What did you do? (optional)</i> Category code(s): _____	26 ☐ <i>What did you do? (optional)</i> Category code(s): _____
27 ☐ <i>What did you do? (optional)</i> Category code(s): _____	28 ☐ <i>What did you do? (optional)</i> Category code(s): _____	29 ☐ <i>What did you do? (optional)</i> Category code(s): _____	30 ☐ <i>What did you do? (optional)</i> Category code(s): _____			

Name: _____

Department: _____

Total Days Completed: _____

One habit I want to continue in October: _____

Choose activities that are safe, accessible, and appropriate for you.