Healthspan

VOLUME ONE

Your Healthspan

A private year of small steps, honest notes and healthier days

HEALTHSPAN MAURITIUS

VOLUME ONE

Inside your year

Twelve monthly movements. Fifty-two weekly experiments. No total health score.

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Because writing space is part of the book, page references are intentionally replaced by month numbers and clearly marked dividers.

YOUR HEALTHSPAN

This copy belongs to

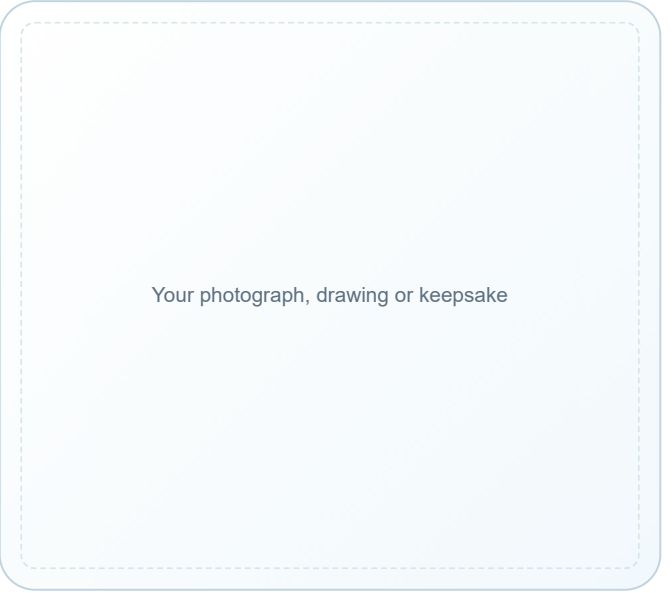
Name, initials or a word that feels like mine

I began on

If this book is found, please contact *(optional)*

A picture of me, as I am now

Place a photograph here, draw yourself, add a ticket or leaf from a meaningful day, or leave the frame empty. There is no correct way to make this page yours.



This year, I want to protect…

An ability. A relationship. A role. A place. A way of feeling. Something ordinary that you would miss if it became difficult.

My personal statement

Complete this in your own words. It may change.

> I want healthier days not so that I can become perfect, but so that I can…

Keep this page easy to find

If something may be an emergency

This book and its companion website are not emergency services.

Call **SAMU 114 now** for a possible medical emergency, including chest pressure or pain; signs of stroke such as face drooping, arm weakness or speech difficulty; severe trouble breathing; collapse or fainting that does not quickly resolve; a seizure; a severe allergic reaction; uncontrolled bleeding; or immediate danger of self-harm.

If you cannot reach medical emergency services, call **112 or 999**. Do not drive yourself. If it is safe, stay with the person and follow the dispatcher's instructions.

If you are thinking about suicide, may act on thoughts of harming yourself or someone else, or do not feel able to stay safe, call **SAMU 114** or **112/999**, go to the nearest emergency department, and tell a trusted person who can stay with you.

Telephone numbers and service details can change. Recheck emergency details with an official Mauritius source before relying on an older edition.

INCLUDED WITH THIS BOOK · UP TO 15 MINUTES EACH DAY

Talk with your Healthspan Coach

Ask about the book, work through a health goal, choose a kinder next step, or prepare questions for a qualified professional.

Try: *"Help me begin this week" · "Explain this page" · "Make my goal more realistic"*

AI voice coach for general information—not a clinician, diagnosis or emergency service. Product information is kept separate from health guidance. Read the privacy notice before using your microphone.

Healthspan Voice Coach
`healthspan.mu/go/coach`
QR ref Q001

YOUR HEALTHSPAN

A private year of small steps, honest notes and healthier days

Volume One

Healthspan Mauritius

Publication and general-information notice

Your Healthspan
A private year of small steps, honest notes and healthier days
Volume One

A Healthspan Mauritius brand edition

First edition
ISBN: assigned in publisher and retailer metadata for the released edition.

This is an undated adult wellbeing journal and general educational guide. It is not medical advice, a diagnosis, a screening result, a prescription or a substitute for care from a qualified health professional who knows your circumstances. It does not predict your lifespan, promise additional years of life, or determine whether a treatment, medicine, supplement, diet or exercise programme is suitable for you.

Do not start, stop or change prescribed medicines because of this book or its website. If you are pregnant, breastfeeding or postpartum, under 18, frail, recovering from surgery or serious illness, living with an active eating disorder, or managing a medical condition or disability that affects an exercise, food, sleep or measurement activity, use the relevant pages only with appropriate professional guidance.

Health information changes. Sources, review dates, corrections and safety updates for this edition are recorded in the edition notes at the back.

Names and situations used in examples are composites. They illustrate ordinary decisions; they are not testimonials or promises of results.

No purchase is required to use the core companion tools linked from this book.

Foreword

Health is lived in ordinary days

Most of health does not happen in a clinic. It happens while the kettle boils, on the walk to the bus, around a family table, during a demanding shift, in the hour before sleep, and in the choice to ask for help.

That can sound reassuring. It can also sound like one more burden: another list of things to do perfectly. This book was made with a different belief. You do not need a flawless routine to care for your future. You need a next step that fits your real life, a way to notice what happens, and permission to change the plan when it does not fit.

In Mauritius, health sits inside rich family, food and community traditions, but also inside real constraints: long working days, traffic, heat, cost, caregiving, illness and unequal access to time and safe spaces. Generic advice often ignores this. A plan that only works in an empty calendar is not a plan for most people.

Your Healthspan is therefore part guide, part workbook and part private record. Across the year, it will invite you to explore movement, strength, food, sleep, the mind, connection, stress and appropriate care. It will tell you what good evidence supports. Just as importantly, it will tell you what that evidence cannot conclude about one person.

The pages will not grade your health. They will not turn your body into a red, amber or green light. They will not ask you to earn food, compete with somebody else's watch, or buy your way out of uncertainty. They will help you ask better questions:

- What matters enough to protect?
- What is already helping?
- What is getting in the way?
- What is the smallest useful action available now?
- What needs a conversation with a professional rather than another internet search?

The Healthspan mission is to support more healthy years for Mauritius. That is a national ambition, not a guarantee printed on an individual life. Your own version of a healthy year may mean more energy for work, steadier footing, a meal that leaves you satisfied, better support through a difficult season, or finally bringing an accurate record to your doctor or pharmacist.

This book belongs to you. Write honestly. Cross things out. Skip what does not apply. Begin again as often as needed.

Healthspan Mauritius

A message from our Chief Executive Officer

What we hope this book becomes

Nadine Adam · Group CEO

For forty years, the wider Chemtech Group has helped equip Mauritius for the moments when illness needs skilled care. Healthspan began with a question about the other moments: what can we do earlier, while people are living their everyday lives, to make understanding and caring for health feel more possible?

This diary is one answer.

I hope it becomes a quiet companion rather than a loud instruction manual. I hope you open it after an imperfect day and find a useful question, not a judgement. I hope the notes you keep help you see what supports you, recognise when something deserves attention, and speak more clearly with the professionals you trust.

Our +10 healthy years mission expresses the scale of our hope for Mauritius. It does not mean that any book, device, product or single habit can promise ten additional years to one person. Progress at that scale is built through evidence, safer environments, prevention, appropriate care, and countless personal actions that become easier to repeat.

We have tried to make this book worthy of your time and honest enough to earn your trust. Its most important pages, however, will be the ones you write yourself.

May this be a year of noticing what matters, choosing what fits, and beginning again with kindness.

Nadine Adam
Group CEO

How to use this book

Begin on any day

This is an undated year. You can begin in January, after a birthday, when a test result gives you pause, or on an entirely ordinary Tuesday. Write your own dates. If the book rests unopened for a while, return to the next blank space. You do not need to catch up.

Keep one experiment small

Each month introduces a theme and offers an anchor experiment. Each weekly page offers a smaller invitation. You do not need to do both: choose one focus at a time, or simply observe. A useful experiment is specific enough to try and gentle enough to repeat—not a complete life overhaul.

"Exercise more" is hard to test. "After lunch on Tuesday and Thursday, I will walk at an easy pace for ten minutes; if it rains, I will walk inside the building" is clearer. It may still not work. If it does not, the page has done its job: it has shown you where the plan needs to change.

Record observations, not verdicts

Write what happened in plain language:

- "I slept later after the wedding and needed a slower morning."
- "The walk felt easier when my neighbour came."
- "I forgot until I saw my shoes by the door."
- "This tracking is making me anxious. I am stopping."

Try to avoid turning one day into an identity: "lazy," "good," "bad," "disciplined," "hopeless." Behaviour changes with context. A difficult week is data about the context, not proof about your character.

Use the monthly rhythm

At the beginning of a month:

1. read the short chapter;
2. complete the longer writing exercise;
3. choose one safe experiment;
4. write a backup version for difficult days; and
5. choose a date to review it.

During the month, use the daily spaces for one memory or feeling, your tiny action and one observation. At the end, decide what to keep, simplify, discuss or stop.

Bring a page to a human when useful

A diary can help you remember patterns. It cannot examine you, confirm a diagnosis or interpret every measurement in context. If a symptom, result, medicine effect or concern persists, bring a concise page to a doctor, pharmacist or other appropriately qualified professional. You are allowed to ask: “What does this mean for me?” and “What should make me seek help sooner?”

Companion pages are optional

The website offers a small set of low-bandwidth guides, private browser-based worksheets and printable reports. The paper version remains complete on its own. If you do not want to use the website, you lose no essential lesson.

A single consolidated companion hub appears at the back for anything you may wish to use later.

Your privacy promise

The paper diary

What you write here is not sent to Healthspan. You never need to show this book to us, photograph a page, or share a result. Keep it as you would keep any private journal. If you live or work where privacy is limited, use initials, symbols or removable notes for information you do not want another person to see.

The companion website

The core companion is designed to work without your name, email address, telephone number or an account. Where a tool can calculate or build a report in your browser, your answers should stay on your device by default. A printed QR code never contains your health answers.

The optional Voice Coach is different. While you are connected, your microphone audio and what you say are sent to OpenAI's Realtime service so the coach can respond. The Healthspan application does not ask for your identity or save an audio recording or conversation transcript to its database. A signed browser cookie accounts for the daily time allowance. Read the current online privacy explanation before connecting, and avoid sharing identifying detail that the conversation does not need.

If another future optional feature offers to save or send information, it must explain what will leave your device, why, for how long, and who can access it before you choose. Consent to save health information is separate from consent to receive marketing. You may use the core book tools without joining a mailing list.

The consolidated companion hub at the back includes the current privacy explanation and deletion/contact routes.

A useful boundary

Privacy does not mean carrying urgent danger alone. If you may be having a medical emergency or cannot keep yourself or someone else safe, use the emergency instructions at the front of this book and tell a trusted person who can help.

Your five-pillar compass

The pillars are not separate lives. A difficult night can change appetite, movement and patience. A supportive person can make a walk possible. Pain, shift work, cost, medicine effects and caregiving can shape all five. Use this compass to notice relationships, not to produce a total score.

1. Sleep

Rest, rhythm, sleep opportunity and signs that deserve care.

What already supports my sleep?

---

2. Movement and exercise

Everyday movement, aerobic activity, strength, balance and less time sitting still.

What kinds of movement feel possible or meaningful to me?

---

3. Food and nutrition

The pattern of meals and drinks, access, culture, enjoyment and individual health context.

What meal already leaves me nourished and satisfied?

---

4. Mind, cognition and connection

Attention, learning, mood, relationships, contribution and purpose.

Who or what helps me feel connected and mentally alive?

---

5. Stress and recovery

Pressure, coping, restoration, boundaries and support when coping is not enough.

How do I know when pressure is becoming too much?

Care & Context surrounds every pillar

Preventive care, medicines, disability, family history, tobacco and alcohol, money, work, environment and access all matter. Lifestyle is not a replacement for appropriate healthcare, and health is not produced by willpower alone.

Start here: your Foundations Snapshot

This is a conversation with yourself, not a health grade. There is no total score.

Begin with the paper reflection below. A private digital Snapshot is available here only if a summary would help you prepare a conversation.

OPTIONAL EARLY COMPANION

Foundations Snapshot

Begin with the paper reflection on this page. If a private digital summary would make the next conversation clearer, the Snapshot can organise what you choose to enter without giving you a total health score.

Your paper book remains complete without a scan. Leave any question blank.

Foundations Snapshot
healthspan.mu/go/snapshot
QR ref Q002

What matters now?

One ability, role or relationship I want to protect:

Why it matters in ordinary life:

What is already supporting me?

People, routines, treatment, skills, places, equipment, faith, knowledge, money, time or something else.

What is making care harder?

Pain, symptoms, cost, transport, work, weather, caregiving, confidence, safety, food access, sleep, loneliness or something else.

What deserves a professional conversation?

A symptom, family history, screening question, medicine effect, measurement or concern.

What do I choose—not what does an algorithm choose for me?

The one foundation I want to explore first:

Importance to me today, from 0 to 10: .....

Confidence that I can take a very small step, from 0 to 10: .....

If confidence feels low to you, make the action smaller, choose a different time, add support or select another action. A low confidence number is not a failure. It is useful design information.

My one-page health story

Use this page only to the level that feels safe. Keep it current. The page itself is the complete worksheet.

Conditions or past health events I want a professional to know about

Allergies or serious reactions

Medicines and supplements *(continue on the next page)*

Professionals or services involved in my care

Family health history that may matter

Changes or symptoms I am trying to understand

Three questions I want to ask at my next appointment

1.
2.
3.

Medicines and supplements record

Do not stop or change a medicine because of this page. Bring the record to a pharmacist or prescriber when you have questions, side effects, duplicate products, trouble taking something, or a planned procedure.

Use the table below as your medicines and supplements sheet.

Name and strength, if known	How I take it	Why I take it / who advised it	Questions, effects or concerns

Pharmacy, clinic or prescriber contact I want nearby

Date I last reviewed this list with a professional

My first small step

Choose something low-risk that supports what matters to you. Do not choose a medicine change, supplement dose, restrictive diet or demanding exercise programme from this page.

After this existing cue...

I will do this small action...

In this place / with this person...

My easiest version on a difficult day is…

If this barrier appears…

Then my backup is…

I will review what happened on…

Permission to begin imperfectly

> I do not have to transform my whole life this week. I am allowed to learn from one small, honest attempt.

Signed, if I want: .....

01

MONTH 1 · WEEKS 1–4

More life in your years

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

More life in your years

Meaning and a baseline that does not grade you

Healthspan is not a competition to remain young. It is the part of life lived with enough function and wellbeing to take part in what matters to you.

That definition leaves room for many lives. One person may want the balance to bathe and dress without help. Another may want the stamina to work a full day and still talk with their family. Someone living with a long-term condition may value fewer disruptions and more confidence managing care. A baseline can support any of these aims, but only if it begins with meaning.

Numbers are seductive because they look certain. Weight, body mass index, steps, blood pressure and laboratory results can each offer information in the right context. None can summarize a person. A normal-looking number cannot rule out every concern. A difficult number does not erase your strengths. One reading may also shift because of technique, timing, hydration, sleep, recent activity, medicine, illness or ordinary biological variation.

This month begins somewhere quieter: **What do you want your health to make possible?**

What the evidence supports

The World Health Organization's healthy-ageing framework looks beyond the absence of disease. It considers capacities such as mobility, vitality, cognition, psychological wellbeing and the senses, together with the environment in which a person lives. This is useful because ability does not live inside the body alone. Safe paths, affordable food, transport, supportive people, suitable work and access to care can widen or narrow what is possible.

Mauritius has good reason to take prevention and earlier conversations seriously. In the Mauritius Non-Communicable Diseases Survey 2021, among adults aged 25–74, substantial proportions were living with diabetes, hypertension and other risk factors, and some diabetes detected by the survey had not been previously diagnosed. Those figures describe a population in a particular year and age range. They do **not** tell you whether you personally have a condition.

The appropriate lesson is not "assume the worst." It is: use established screening and clinical services when they are due, notice changes worth discussing, and keep a clear record. A diary can prepare that conversation. It cannot replace it.

What the evidence does not support

This book cannot calculate how long you will live. It cannot turn a handful of habits into a biological age. It cannot diagnose diabetes, hypertension, sleep apnoea, depression or any other condition. It cannot promise that completing every page will add years to your life.

It can help you describe what matters, see a pattern, practise a low-risk foundation and arrive at care with better questions.

Screening, diagnosis and self-observation are different jobs

A screening programme looks for signs that a person may benefit from further assessment. It is designed to open a door, not close a case. A diagnosis usually brings together history, examination and appropriate tests, sometimes repeated or confirmed. Self-observation adds another kind of information: what a symptom or activity feels like in your actual day.

Confusing these jobs can cause harm in both directions. A reassuring consumer score may delay care. An isolated high reading may cause fear and unnecessary restriction. A diary entry may reveal a pattern worth discussing, but it cannot establish the cause.

When you record a concern, try three columns:

1. **What I observed:** the plain facts, including time and context.
2. **What I am wondering:** a question, not a conclusion.
3. **What next step fits:** observe consistently, check technique, or speak with an appropriate professional.

This language keeps curiosity open. “I became unusually breathless on the same hill three times” is more useful than “I must be unfit,” and safer than diagnosing yourself.

An ordinary Mauritian example

Imagine a reader who travels from Curepipe to Port Louis for work. Their days begin early. The bus can be crowded, lunch depends on the working day, and by the time they reach home there are family tasks waiting. “Get fit” has appeared on several New Year lists and disappeared by February.

When they ask what health is for, the answer is not a smaller clothing size. It is: “I want enough energy to cook with my daughter on Sunday and enough breath to walk uphill from the bus stop without dreading it.”

That answer changes the baseline. It suggests questions about current walking comfort, sleep, workload, symptoms and support. It makes a ten-minute easy walk more meaningful than chasing somebody else’s step count. It also makes unusual

breathlessness something to discuss rather than something to hide beneath a motivation slogan.

The life is specific. The health action can now become specific too.

The ability I want to protect

Look ahead without trying to predict the future. Write activities, not abstract achievements.

In one year, I want to be able to…

In five years, I hope I can still…

In ten years, it would matter to me to…

The people, places or roles inside those answers are…

One ability I choose as this year's anchor

> I want to protect my ability to…

Why this matters now:

A baseline with context

You do not need to measure everything. Choose only information that has a clear use and a safe next step.

Possible baseline	Why would this be useful to me?	How will I obtain it accurately?	Who can help me interpret or act on it?	I choose / I skip
How an everyday activity feels				
A seven-day movement or sleep observation				
Blood pressure through an appropriate service/device				
A screening conversation				
Medicines and supplements review				
Another measure				

What I deliberately will not track—and why

You may skip weight, food, sleep or device tracking if it is irrelevant, inaccurate, burdensome or harmful to your wellbeing.

Optional context: BMI

Body mass index is weight in kilograms divided by height in metres squared. It is a rough adult population screening measure, not a direct measure of body composition, fitness, worth or individual health. It is not suitable for interpreting

children, pregnancy or every clinical situation, and categories cannot diagnose a condition.

If there is a useful reason to calculate it, use the formula above or ask an appropriate professional, and bring any interpretation questions to that conversation. You are equally allowed to skip it.

Safe experiment: seven days of noticing

For one week, do not try to improve everything. Observe one ordinary activity connected to your chosen ability.

The activity I will observe:

When it usually happens:

After each occurrence, record:

- what felt easy or supported;
- what felt difficult;
- relevant context such as sleep, pain, heat, time, mood or company; and
- any symptom that should not be explained away.

Day	What I did	What supported me	What made it harder	What I want to remember
1				
2				
3				
4				
5				
6				
7				

At the end, complete one sentence:

> The clearest thing I noticed was...

This is not a test. You can finish with uncertainty.

Stop, pause or seek help

Use the emergency instructions at the front of this book for chest pressure or pain, stroke signs, severe trouble breathing, collapse, a seizure, severe allergic reaction, uncontrolled bleeding or immediate danger of self-harm.

Book a professional conversation rather than self-interpreting if you notice a new or persistent symptom, a meaningful decline in an everyday ability, unexplained weight change, repeated concerning measurements, medicine effects, or a family-history/screening question. Mauritius Ministry services provide NCD screening pathways; use current official Ministry information when preparing that conversation.

If tracking weight, food, exercise or numbers makes you more anxious, rigid, guilty or likely to compensate, stop that part of the exercise and speak with a qualified professional. A baseline should increase clarity, not shrink your life.

THIS WEEK'S QUIET IDEA

Health is for something

A useful health goal begins with a life you want to keep taking part in—not with a perfect number.

My experiment

Write one ability, role or ordinary pleasure you would like to protect this year. Let it be your reason, not another person's expectation.

My backup

If a year feels too distant, name something you want enough energy or capacity for this month.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did your chosen reason make any decision feel clearer?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Begin with an honest page

A baseline is a description of this moment. It is not a verdict, rank or promise about the future.

My experiment

Notice one routine that already supports you and one part of daily life that feels harder than you would like.

My backup

If tracking feels uncomfortable, write only what you hope daily life will feel like.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What did you learn that a score would have missed?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Measure only with a reason

One reading is a clue, not a conclusion. A measurement is useful only when you know what question it serves and what you will—or will not—do with it.

My experiment

Choose one thing you already measure. Write why it matters, how variable it can be and who can help interpret it.

My backup

Choose not to measure anything this week and notice whether that creates relief, uncertainty or both.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did the measurement support a decision, or mostly create noise?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Make the first step almost too small

Small is not unserious. A step that fits a difficult day is more useful than an impressive plan that cannot begin.

My experiment

Choose one action that takes five minutes or less and connect it to something that already happens.

My backup

Create a one-minute version for rushed, tired or disrupted days.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What made starting easier than expected?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month One review

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 01

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use “previous promise” for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

What matters more clearly to me now?

What did I learn that no number could have told me?

What is worth discussing with a professional?

The smallest next step I choose—not one chosen by a score—is:

My review date: .....

Source notes: [3], [5], [6], [7], [22], [9].

02

MONTH 2 · WEEKS 5–8

Change that fits real life

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Change that fits real life

Design the action; do not attack yourself

When a habit does not happen, the quickest explanation is often a character judgement: “I have no discipline.” That explanation is emotionally expensive and usually incomplete.

Behaviour needs more than intention. You need enough **capability** to do it, a real **opportunity** in your environment, and some form of **motivation** in that moment. This practical trio is often called COM-B: capability, opportunity, motivation and behaviour.

If you want to walk after work but knee pain makes walking difficult, motivation is not the first problem. If you can walk but the only route feels unsafe after dark, the opportunity is poor. If the action matters in theory but competes with an exhausted evening and no immediate reward, motivation may fade when it is needed.

This is good news. A badly fitted plan can be redesigned. You do not need to repair your personality.

What the evidence supports

Behaviour-change research supports several useful approaches: choosing a small and specific behaviour, changing the environment, planning for obstacles, using social support, and linking an action to a clear cue. “If–then” plans can help bridge the gap between intention and action:

> **After** an existing event, **I will** take a small action in a defined place. **If** a likely barrier appears, **then** I will use a backup.

The important word is “can.” These methods improve outcomes on average in some settings. No technique works for everybody, every behaviour or every season. Reviews of self-regulation strategies find variable effects. Tracking itself can be useful, neutral or harmful depending on the person and context.

Your experiment is therefore allowed to fail. In this book, a failed experiment means “we learned that this design did not fit,” not “you failed.”

What the evidence does not support

There is no scientifically perfect morning routine. Repeating an action for a particular number of days does not guarantee it becomes effortless. A planner cannot remove pain, poverty, discrimination, unsafe streets, a night shift or caregiving pressure. Positive thinking cannot substitute for treatment, accommodation or practical help.

Small actions matter, but responsibility is not the same as total control.

Five honest ways to redesign a plan

When the action does not happen, change one design feature before adding pressure.

1. **Make it smaller.** Reduce duration, distance, preparation or the number of decisions. “Put the shoes by the door” can be a valid first action.
2. **Move it.** An evening action may fit better before lunch. A weekday action may belong on Sunday. The ideal time is the one your life can support.
3. **Change the surroundings.** Put a useful item where the cue occurs; remove a small source of friction; choose shade, lighting or seating; prepare the food or page earlier.
4. **Add a person.** Ask for company, practical help, accountability without shame, childcare, a reminder or professional guidance.
5. **Change the action.** Sometimes the goal belongs to you but the chosen behaviour does not. There may be another route to the same valued ability.

Avoid changing all five at once. If you alter one feature, you can learn whether it helped. Also notice when the honest answer is “not now.” Pausing during illness, bereavement, overload or unsafe circumstances can be a wise decision, not a broken streak.

Write the redesign you are most willing to try:

A Mauritius-grounded example

Consider someone who wants to move more after a day at work in Ébène. Their first plan is “walk for thirty minutes when I get home.” It repeatedly disappears into traffic, a late bus, darkness, rain, dinner and care for an older relative.

Instead of demanding more discipline, they examine the design.

- **Capability:** Ten minutes at an easy pace feels manageable; thirty minutes does not yet.

- **Opportunity:** There is a lit corridor and stair landing near work, and a colleague also wants a break before the journey home.
- **Motivation:** The walk matters because it helps them arrive home less tense, not because an app awards a badge.

The revised experiment becomes: “After I close my laptop on Tuesday and Thursday, I will walk inside the building with my colleague for ten minutes. If a meeting runs late, I will do five minutes before lunch the next day.”

This plan may still need revision. But it now belongs to a real life.

The plan beneath the plan

Choose one action you have wanted to take—or one you keep postponing. Keep medicines, restrictive eating, vigorous exercise and treatment changes outside this self-directed worksheet.

The action I am considering:

The ordinary-life reason it matters to me:

Capability: can I do it safely and practically?

What knowledge, skill, physical capacity, energy or confidence does it require?

What would make the first version easier?

Opportunity: does my environment allow it?

Consider time, place, cost, transport, weather, equipment, food access, work rules, caregiving and other people.

What could I place, remove, prepare, ask for or schedule?

Motivation: why would I choose it in the moment?

What immediate benefit matters—comfort, enjoyment, connection, calm, convenience, pride, curiosity?

What could make the action more pleasant or meaningful?

Support: who should not be left out of this design?

Shrink it until confidence rises

My first version:

Confidence from 0 to 10: .....

If the number feels low to you, shrink or redesign the action.

A version that takes two minutes or less:

Confidence now: .....

A version for a difficult day:

Confidence now: .....

Small is not silly. Small is the size that generates information.

Build the cue and backup

> **After** .....

I will .....

At / with .....

If .....

Then .....

What will remind me without nagging me?

What result would make this worth keeping?

Choose an experience or function, not a promise of weight loss or longer life.

Safe experiment: one action, fourteen days

Try the smallest version for two weeks. A check means "I had the opportunity and tried," not "I did it perfectly." Add a short note when context matters.

Day	Tried?	What made it easier?	What got in the way?	Keep, shrink, move or stop?
1				
2				
3				
4				
5				
6				

Day	Tried?	What made it easier?	What got in the way?	Keep, shrink, move or stop?
7				
8				
9				
10				
11				
12				
13				
14				

The restart plan

Missing several days is expected. Decide now what a restart looks like.

> When I notice I have stopped, I will not catch up or punish myself. I will...

Stop, pause or seek help

Stop an experiment that causes pain, dizziness, dangerous restriction, worsening symptoms, loss of sleep, escalating anxiety or conflict with professional care. Do not use this planning method to change medication, begin fasting, push through an injury or override advice given for a diagnosed condition.

If tracking makes you obsessive or self-critical, replace the daily table with one weekly question—or stop. If low mood, anxiety, stress or loss of function is persistent or difficult to manage, speak with a qualified professional. Use the emergency page if you may act on thoughts of harm or cannot stay safe.

THIS WEEK'S QUIET IDEA

Is it capability, opportunity or motivation?

When an action is not happening, the useful question is not "What is wrong with me?" but "What is missing: ability, opportunity or a reason that matters today?"

My experiment

Choose one stuck action and circle the main constraint: capability, opportunity or motivation. Change the plan to match it.

My backup

Ask only: "What would make this ten per cent easier?"

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which constraint was hiding beneath the word willpower?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Shrink the action, keep the meaning

You can protect the purpose of a plan even when its size has to change.

My experiment

Write your ideal action, your ordinary-day version and your difficult-day version.

My backup

On a difficult day, do only the version that keeps the door open.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which version helped you return without judgement?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Let the room help

Environment often carries more of a habit than motivation does: what is visible, reachable, prepared and socially supported matters.

My experiment

Change one cue in your space so the helpful action is easier to notice or begin.

My backup

Remove one small friction instead of adding a new rule.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What did your surroundings make easier or harder?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Plan for the interruption

A backup plan is not pessimism. It is respect for real life.

My experiment

Complete this sentence: "If my usual plan is interrupted by ____, then I will ____ instead."

My backup

If you forget the plan entirely, your backup is simply to begin again tomorrow.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which interruption can now become part of the design?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Two review

OPTIONAL COMPANION

Goal review
`healthspan.mu/go/goal-review`
QR ref Q003

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 02

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

Which part of COM-B mattered most: capability, opportunity or motivation?

What barrier was structural rather than personal?

What did I enjoy or value enough to repeat?

What will I keep?

What will I change, shrink or stop?

Source notes: [10], [11], [12].

03

MONTH 3 · WEEKS 9–13

Move for life

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 5 weekly systems follow. The month review waits until the end.

Move for life

Aerobic movement and less sitting

Movement is not payment for food. It is not a punishment for body size. It is one way we use and protect the capacities that let us travel, work, play, think, care and recover.

The word “exercise” can make movement sound like a special event requiring a gym, clothing and uninterrupted time. Exercise can be valuable, but movement also lives in ordinary places: walking to a shop, wheeling along a safe route, gardening, dancing, carrying out active work, taking a movement break, playing with children, swimming, cycling or climbing stairs when appropriate.

The most useful starting question is not “What burns the most calories?” It is “What kind of movement can I do safely, repeatably and with a reason I care about?”

What the evidence supports

World Health Organization guidance encourages adults to work toward 150–300 minutes of moderate aerobic activity each week, or 75–150 minutes of vigorous activity, or an equivalent combination. Muscle-strengthening activity on at least two days is also recommended; that will be the focus of Month Four. Older adults benefit from varied activity that also emphasizes strength and balance.

Those are weekly public-health ranges, not an entrance exam. The same guidance is clear that **some activity is better than none**. A person doing very little may gain more from a gradual, tolerable start than from attempting the full range in week one and becoming injured or discouraged.

Moderate intensity usually makes you breathe faster while still allowing you to speak in sentences. During vigorous activity, speaking more than a few words becomes difficult. This “talk test” is imperfect but often more practical than a universal heart-rate zone, especially when fitness, medicines and health conditions differ.

Long periods of sitting also deserve attention. A short standing, stretching, wheeling or walking break will not cancel every risk or replace purposeful activity, but it can be a realistic way to bring more movement into a day.

Regular activity supports health and function across populations. It does not guarantee weight loss, prevent every disease or prove that more is always better. Recovery and safety matter too.

What the evidence does not support

A watch's calorie number is not an invoice for what you may eat. A high step count is not proof that every aspect of health is well. One intense weekend does not have a magical effect on the rest of the week, and sweating is not evidence that an activity is more valuable.

No generic book can prescribe a safe intensity for every pregnancy, disability, heart or lung condition, medicine, injury or level of frailty. Adaptation is not cheating; it is good design.

Let minutes inform you, not command you

Some readers enjoy counting minutes. Others move more freely when they do not. Either approach can be useful.

If you count, separate three questions:

- **How much did I do?** A description of minutes or opportunities.
- **How did it feel?** Effort, comfort, symptoms and enjoyment.
- **How did I recover?** Energy, pain, sleep and willingness to repeat.

The first number cannot answer the other two. Sixty hurried minutes in pain are not automatically more valuable than twenty comfortable minutes you can repeat. A device may miss pushing a wheelchair, carrying, cycling, swimming or household work; it may also count arm movement as steps. Use the record as an estimate.

If counting creates pressure, replace it with a weekly statement: "I had three opportunities to move in a way that supported me." Your body does not know whether an app awarded credit.

A Mauritius-grounded example

Imagine a shop employee in Grand Baie who stands for much of the day but rarely moves continuously for more than a minute. "I'm on my feet all day" is true, and their legs feel tired. It does not necessarily mean they have had the same aerobic stimulus as a purposeful walk.

They first plan a long evening run. In the heat, after transport and a full shift, it feels punishing and does not last. Their revised plan uses three places already in the week:

- an easy ten-minute walk before the shop opens twice a week;
- music and comfortable movement at home on Saturday;
- a two-minute change of position or walk during two quiet work transitions, where workplace conditions allow.

The plan is not impressive online. It is repeatable, and it leaves room to progress.

Map the movement already in your life

Do not dismiss activity because it is unpaid, unrecorded or not called exercise.

Part of my week	Movement already happening	How it feels	What supports it	What limits it
Work or study				
Travel and errands				
Home and caregiving				
Leisure, sport or faith/community				
Rest days				

Movement I enjoy, miss or would like to try

A place where movement feels safe and possible

A person, group or service that could support me

Access or adaptation I need

Shade, seating, a mobility aid, transport, water, a companion, a lower-impact option, permission at work, professional guidance, or something else.

Find three ten-minute opportunities

A ten-minute opportunity may be continuous movement, or a shorter beginning if ten minutes is not yet comfortable.

1. **After / before:** .....

   Place and activity: .....

2. **After / before:** .....

   Place and activity: .....

3. **After / before:** .....

   Place and activity: .....

My talk-test guide

At the pace I am considering:

- I can speak comfortably in full sentences: **easy**
- I am breathing faster but can speak in sentences: **moderate for me today**
- I can say only a few words: **vigorous for me today**
- I cannot speak because of severe or unusual breathlessness: **stop; this is not a target**

Medicines and health conditions can change how effort feels. When unsure, begin easier and ask an appropriate professional.

Safe experiment: a movement snack

Choose one low-risk, accessible movement you can do at an easy or moderate effort.

My movement:

My cue:

Duration that feels comfortably achievable now:

Days or opportunities this week:

My shorter backup:

For two weeks, record experience rather than calories.

Day	Minutes or brief description	Effort: easy / moderate / vigorous	How I felt during	How I felt later
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Progress without punishment

If the activity feels comfortable and recovery is good, what is the smallest sensible progression—another day, a few minutes, a slightly quicker section, or simply keeping it steady?

If it feels draining, painful or difficult to recover from, what will I reduce or change?

Stop, pause or seek help

Before starting vigorous or demanding activity, seek tailored guidance if you have known cardiovascular, respiratory, metabolic or kidney disease; an unstable joint or muscle condition; pregnancy/postpartum needs; recent surgery or hospitalisation; recurrent falls or fainting; or symptoms during exertion.

During movement, stop and get urgent help for chest pain or pressure, fainting, severe or unusual breathlessness, sudden weakness or numbness, or a new rapid or irregular heartbeat with dizziness. Pain, dizziness and nausea are not proof that exercise is “working.”

In hot or humid conditions, choose a cooler time or place when possible, use suitable clothing, and attend to hydration needs appropriate to your health situation. Do not follow generic fluid advice if a clinician has asked you to restrict fluids.

THIS WEEK'S QUIET IDEA

Break one long spell of sitting

Movement does not have to look like a workout to count as part of an active day.

My experiment

Choose one long sitting period and add a comfortable standing or movement break that suits your ability and setting.

My backup

Change position or move the parts of your body that are comfortable to move.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which cue helped you remember without becoming annoying?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Use the talk test

For many adults, moderate activity feels purposeful while still allowing conversation. Effort is personal and context matters.

My experiment

During a familiar safe activity, notice whether you can talk in sentences. Keep the pace comfortable and stop for concerning symptoms.

My backup

Choose an easier pace or a shorter duration.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What did comfortable effort feel like in your body?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Find ten minutes that already exist

Short bouts can be practical building blocks. The best opening is often beside a routine already in the day.

My experiment

Map one ten-minute opportunity before, during or after something you already do.

My backup

Use three minutes. The experiment is finding the opening, not proving fitness.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Where did movement fit with the least negotiation?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Count patterns, not perfection

Weekly movement guidance is a direction to work toward, not a pass–fail test for every seven-day period.

My experiment

Record the moderate and vigorous minutes you already do, then choose one realistic addition.

My backup

Keep the baseline only; observing accurately is useful work.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did counting clarify the week or make it feel smaller?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Recovery belongs in the plan

Progress is not proved by pain, dizziness or exhaustion. Rest and adaptation are part of movement, not evidence of failure.

My experiment

After movement, note energy, comfort and recovery rather than calories or punishment.

My backup

Choose gentle, comfortable movement or rest according to your situation.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What helped you feel ready to move again?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Three review

OPTIONAL COMPANION

Movement planner
healthspan.mu/go/move
QR ref Q004

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 03

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

Which movement felt most like part of my life rather than a task added to it?

What did my environment make easier or harder?

Did I notice any symptom or recovery issue to discuss?

My next safe progression—or my decision to hold steady—is:

Source notes: [13].

04

MONTH 4 · WEEKS 14–17

Build reserve

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Build reserve

Strength, balance and the capacity behind ordinary tasks

Strength often becomes visible when it is missing: rising from a low chair, lifting a pan, carrying a bag, getting up from the floor, opening a heavy door or steadying yourself after a stumble. Balance matters in the same quiet way. It is not a circus trick; it is the ability to control your body in a changing environment.

Building reserve means giving muscles and movement skills a reason to adapt while keeping the practice safe enough to repeat. It is useful across adulthood, not only for athletes or older people.

Body weight may stay the same while strength, confidence or function improves. That is one reason a scale is a poor narrator of this chapter.

What the evidence supports

World Health Organization guidance recommends muscle-strengthening activity involving major muscle groups on at least two days each week for adults. For older adults, varied activity that emphasizes functional balance and strength is particularly important.

Clinical groups also use measures such as grip strength, chair-rise performance and walking function when evaluating concerns such as loss of muscle capacity. Those tools belong in context. A grip number or thirty-second chair-stand count cannot be turned into a universal “fitness age,” and a public leaderboard would misunderstand the purpose.

Strength practice can be organized around useful movement patterns:

- rising or squatting to a suitable surface;
- pushing;
- pulling;
- hinging or lifting with an appropriate technique;
- carrying; and
- supported balance and stepping.

The right version may use body weight, a wall, a resistance band, a household object, a machine, a mobility aid or professional support. There is no single correct exercise for every body.

What the evidence does not support

Pain is not required for strength to improve. A larger load is not automatically better. Soreness does not measure the quality of a session. One chair test cannot diagnose sarcopenia, predict a fall or determine longevity.

Balance challenges copied from social media can be dangerous. Closing the eyes, standing on an unstable object or attempting a one-leg competition without support is not necessary here.

What a good repetition feels like

Strength is practised through quality as well as effort. A suitable first version lets you move with control, breathe rather than brace indefinitely, and finish before technique becomes uncertain. It should respect the movement range available to you today.

Use these questions instead of chasing an arbitrary count:

- Is the setup stable and the space clear?
- Can I begin and finish the movement without rushing?
- Can I breathe and speak?
- Does discomfort stay within the boundary agreed for my situation, rather than becoming sharp, sudden or escalating?
- Do I still feel in control at the end?
- Am I recovering normally by the next opportunity?

Progress can mean a smoother rise, a lower—but still safe—chair, a little more resistance, one additional controlled repetition, a steadier carry, or simply less fear. Change one feature at a time. If function is declining despite practice, the answer is not automatically more load; it may be assessment, treatment, nutrition support, pain management or another form of help.

Reserve includes recovery

Muscles adapt between practices as well as during them. Non-consecutive strength days are a useful general pattern because they create recovery space. Work, caregiving and active travel also place demands on the body. Count that context when choosing the easiest first version.

A Mauritius-grounded example

A reader helps with the weekly market shopping. They can carry the bags, but the trip has become awkward: getting out of a low car seat takes effort, and stepping around uneven pavement feels less certain when both hands are full.

Their goal is not “get toned.” It is “move through the market and arrive home feeling capable.” They place the bags down when the path is uneven, ask a professional about recurring knee pain, and begin with two supported practices on non-consecutive days: controlled rises from a firm chair at a comfortable height and a light carry with clear space around them.

They stop each practice while their form still feels steady. The first sign of progress is not a dramatic photograph. It is less hesitation standing up.

Choose the function before the exercise

An ordinary task I want to keep or make easier

What the task asks of me

Tick or add what applies:

- ☐ rising from a seat or floor
- ☐ pushing
- ☐ pulling
- ☐ lifting or hinging
- ☐ carrying
- ☐ reaching
- ☐ stepping or changing direction
- ☐ balance
- ☐ grip
- ☐ something else: .....

What currently helps

What currently limits or worries me

Safety and support I need before practising

A sturdy surface, clear floor, supportive footwear, another person, a mobility aid, a higher chair, less resistance, professional assessment, or something else.

Build an ability ladder

Choose one function and write versions from easiest to more demanding. “Easiest” is a legitimate place to train.

Function: .....

Step 1 — a supported or very easy version:

Step 2 — a version I may try when Step 1 is steady:

Step 3 — a future version, not a requirement:

The sign that I should stay at the current step:

The sign that I should stop and ask for help:

Safe experiment: two reserve practices

Do not begin this experiment if you are currently dizzy or unsteady, have unexplained fainting or falls, a recent injury or operation, severe pain, or a condition for which you have been advised to seek tailored exercise guidance.

Choose **one or two** movements that feel stable and familiar. Use a version that allows smooth, controlled movement and leaves you confident you could have done several more comfortable repetitions. Exact load and repetition prescriptions require individual context.

Practice A: .....

Safety setup: .....

Practice B, optional: .....

Safety setup: .....

Two non-consecutive opportunities in my week:

1. _____
2. _____

My smaller backup practice:

_____

Record four weeks without turning the table into a competition.

Week	What I practised	Felt stable?	Effort and recovery	Change for next time
1				
2				
3				
4				

Balance belongs near support

If a simple balance practice is appropriate for you, identify the stable support you can reach without taking a step. Keep another person nearby if there is any uncertainty. You do not need to close your eyes, stand on one leg or remove a mobility aid.

My stable setup is:

_____

I am choosing to practise / I am choosing to seek guidance / I am skipping this:

_____

Stop, pause or seek help

Stop for chest pain or pressure, fainting, severe or unusual breathlessness, sudden weakness or numbness, a new rapid or irregular heartbeat with dizziness, sharp or escalating pain, or a loss of balance you cannot safely recover from. Use emergency help for emergency symptoms.

Seek tailored guidance before unsupervised strength or balance challenges if you have recurrent falls, dizziness, unstable joints, recent surgery or fracture, significant osteoporosis concerns, a neurologic condition, pregnancy/postpartum needs, or heart, lung, metabolic or kidney disease that affects exercise. Persistent loss of strength, unexplained muscle loss or a clear decline in daily function deserves a clinical conversation, not a harder workout from a book.

THIS WEEK'S QUIET IDEA

Practise a useful pattern

Strength supports everyday tasks: rising, carrying, reaching, pushing and pulling. Function is the point.

My experiment

Choose one familiar, comfortable daily pattern and notice how you set up, breathe and move with control.

My backup

Rehearse the setup only or discuss a suitable version with a qualified professional.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which everyday task would you most like to keep easy?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Use support without apology

A stable chair, wall, rail, lighter object or smaller range is good design when it makes movement safer and more repeatable.

My experiment

Improve the setup of one movement with stable support and clear space.

My backup

Watch or read the setup guidance and postpone practice until support is available.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What support increased confidence or control?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Leave room to return

The right first dose is not the most you can survive; it is one you can recover from and repeat safely.

My experiment

Finish a suitable session knowing you could have done a little more. Note comfort and recovery the next day.

My backup

Reduce time, load, range or complexity —or seek tailored advice.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What amount felt challenging enough without taking over the next day?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Balance is a safety practice

Balance practice should reduce risk, not create a public test of bravery.

My experiment

Check the floor, footwear, lighting and stable support around a normal standing task. Improve one safety detail.

My backup

Make the environment safer without attempting a balance exercise.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which practical change made daily movement feel steadier?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Four review

OPTIONAL COMPANION

Strength library
healthspan.mu/go/strength
QR ref Q005

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 04

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

Which ordinary task am I thinking about differently now?

Where did support or a regression make practice better?

What changed: confidence, control, comfort, ability—or nothing yet?

What will I keep, adapt or ask a professional about?

Source notes: [13] , [15] .

05

MONTH 5 · WEEKS 18–21

Eat a pattern

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Eat a pattern

Nourishment without a miracle ingredient

Food carries more than nutrients. It carries family, culture, cost, comfort, time, faith, memory and pleasure. Advice that ignores those realities may be technically neat and practically useless.

A healthy eating pattern is not a list of morally “good” and “bad” foods. It is the shape that meals and drinks make across time: what appears often, what appears sometimes, what is missing, what is affordable, and how the pattern fits an individual’s health and life.

This matters because nutrition headlines tend to magnify one ingredient. A seed, powder, fasting window or forbidden carbohydrate becomes the answer. Strong public-health guidance is less dramatic. It emphasizes adequacy, balance, moderation and diversity.

You do not need to abandon Mauritian food to eat well. You may need to look at the pattern with fresh eyes.

What the evidence supports

World Health Organization guidance supports patterns that include a variety of vegetables and fruit, pulses such as lentils and beans, whole or less-refined grains where workable, nuts and seeds, and protein sources appropriate to the person. It recommends limiting free sugars, excess sodium and industrial trans fats.

For healthy adults, current reference points include at least 400 grams of vegetables and fruit and at least 25 grams of naturally occurring fibre per day, free sugars below 10 percent of energy, and salt below 5 grams per day. These numbers are population guidance, not a demand that every reader weigh food. A plate, shopping pattern and drink choice can often tell you more than daily arithmetic.

Evidence supports looking at the overall dietary pattern rather than searching for a single “longevity food.” The useful principles—adequacy, variety, more minimally processed plant foods where suitable, and less excess sodium and free sugar—can be translated into familiar Mauritian meals rather than imported as another culture’s exact menu.

Local evidence matters. The Mauritius Nutrition Survey 2022 provides context about population food and nutrition priorities. It does not prescribe what one household must cook tonight.

What the evidence does not support

No ordinary food guarantees longer life. A single meal does not prove that your metabolism is “broken.” One glucose trace cannot label rice, bread or fruit as bad for you. There is no universal requirement to fast, avoid carbohydrates, drink milk, eat more protein, take calcium or use supplements.

Salt substitutes containing potassium are not a casual solution for everyone. They may be unsuitable when the body cannot excrete potassium normally, including with some kidney conditions or medicines; guidance also has population exclusions. Ask a qualified professional before using one in those circumstances.

Food advice must also make room for allergy, intolerance, diabetes medicines, kidney or liver disease, pregnancy, breastfeeding, frailty and eating-disorder history. General pages cannot safely replace individualized care.

A Mauritius-grounded example

Consider a household where dinner is rice, a curry, rougaille and whatever the evening allows. On busy days, vegetables may be sparse and a sweet drink may feel like the easiest part of the meal to organize. Advice to “stop eating rice” would reject culture, preference and practicality while missing easier opportunities.

The household looks at the whole pattern instead. On some evenings they add a lentil or bean dish already familiar to them. They include brèdes or another available vegetable when budget and preparation allow. Water appears on the table before soft drinks. Fruit is kept for a convenient snack on selected days. The rice remains; its place in a more varied meal changes.

At another meal, dholl puri or farata may be enjoyed without being turned into a moral event. The useful questions are frequency, portion in context, what accompanies it, hunger and satisfaction, and what the rest of the week contains.

The goal is not to make a Mauritian plate look foreign. It is to help a familiar plate carry more of what supports you.

Read your pattern before changing it

Choose three ordinary days, including one day that tends to be different. Record without calories or judgement.

Day and context	Meals and drinks I remember	Vegetables/fruit/ pulses/wholegrains present	What shaped the choice?	Hunger, satisfaction and how I felt
Day 1				

Day and context	Meals and drinks I remember	Vegetables/fruit/ pulses/wholegrains present	What shaped the choice?	Hunger, satisfaction and how I felt
Day 2				
Day 3				

What is already working?

A regular breakfast, a pulse dish, home cooking, vegetables, water, shared meals, enough food, enjoyment, a useful routine.

What is missing because of access—not knowledge?

Time, money, refrigeration, transport, a cooking space, choice at work, physical ability, family agreement, or something else.

What food rule makes me anxious or rigid?

What would a more peaceful and supportive pattern look like?

Redesign one familiar meal

Choose a meal you actually eat. Do not replace it with a fantasy menu.

The familiar meal:

What it already provides—nourishment, convenience, culture or pleasure:

One element I could add more often:

For example: a vegetable, fruit, pulse, whole or less-refined grain, nuts/seeds where appropriate, water, or another suitable protein source.

One source of excess sugar or salt I may want to reduce—not ban:

What would make the revised meal affordable and realistic?

What I will keep because it matters to me:

Sketch or describe both versions.

The meal as it often is	The meal with one supportive change

Safe experiment: add before you subtract

For five eating occasions, try **one** addition or gentle substitution. Examples include adding an available vegetable or pulse dish, choosing water for one usual sweet drink, adding fruit to an under-fuelling snack, or preparing one less-refined grain when it suits the meal.

Do not use this experiment to skip meals, compensate for eating, remove an entire food group, begin prolonged fasting or override a medical nutrition plan.

My chosen meal or drink:

The addition or substitution:

What will make it convenient:

Occasion	What I tried	Taste and satisfaction	Cost/time/access	Keep, simplify, discuss or stop?
1				
2				
3				
4				
5				

A question for the household

If meals are shared, ask without policing anyone:

> What is one nourishing food we already like that would be easier to include more often?

Notes:

Stop, pause or seek help

Stop food, weight or exercise tracking if it increases anxiety, guilt, rigid rules, bingeing, purging, compensatory exercise or fear of ordinary meals. Speak with a qualified professional who understands eating disorders; stricter tracking is not the answer.

Seek individualized advice before fasting, major carbohydrate restriction, significant weight change or salt-substitute use if you are pregnant or breastfeeding, under 18, frail, have a history of an eating disorder, take diabetes or blood-pressure medicines, or live with kidney, liver or another condition affected by food or fluid changes.

Do not begin, stop or change supplements because a nutrient appears in this chapter. Supplements can interact with medicines, tests and surgery. Unexplained weight loss, difficulty swallowing, persistent vomiting or diarrhoea, blood in vomit or stool, severe abdominal pain, dehydration, or serious allergic symptoms require prompt care; use emergency services for severe reactions or collapse.

THIS WEEK'S QUIET IDEA

Add before you subtract

A nourishing pattern can begin with what you make easier to include, not with a list of forbidden foods.

My experiment

Add one familiar fruit, vegetable, pulse, nut, seed or other suitable minimally processed food to a meal you already eat.

My backup

Choose a frozen, canned, local, seasonal or budget-fitting version that works for you.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What addition felt welcome rather than restrictive?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Let variety do quiet work

Different foods contribute different nutrients, textures and traditions. No single "longevity food" has to carry the whole pattern.

My experiment

Notice the variety across three days without grading meals as good or bad.

My backup

Notice colour, texture or food group in one meal only.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Where could variety increase without extra complexity?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Make pulses ordinary

Dhal, lentils, beans and other pulses can be affordable parts of a varied eating pattern when they suit your digestion and health context.

My experiment

Notice where a familiar pulse dish already fits in your week or could be prepared conveniently.

My backup

Choose another suitable fibre-rich food or skip the experiment if symptoms or medical advice require.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What made the option practical in your household?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Look at the drink beside the meal

Drinks can add sugar or alcohol without much notice, but the useful change is the one you choose—not a moral label.

My experiment

For one recurring drink, notice amount, timing and purpose. If you want, choose a lower-sugar or non-alcoholic alternative once.

My backup

Observe only. No change is required to learn something.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Was the drink about thirst, habit, pleasure, energy, company or something else?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Five review

OPTIONAL COMPANION

Plate builder
`healthspan.mu/go/plate`
QR ref Q006

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 05

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

What did the three-day pattern show that a single meal could not?

Which supportive food was already part of my culture or routine?

What constraint needs practical help rather than more nutrition information?

What change felt satisfying enough to keep?

What rule or experiment will I stop?

Source notes: [4], [16], [17], [33].

06

MONTH 6 · WEEKS 22–26

Sleep and rhythm

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 5 weekly systems follow. The month review waits until the end.

Sleep and rhythm

Make room for sleep; do not perform it

Sleep is something the body does, not an achievement you can force. The harder people chase a perfect score or perfect night, the more tense bedtime can become.

This month is about creating a fair opportunity for sleep, noticing rhythm, and recognising when the issue deserves care. It is not about controlling every awakening.

Sleep duration matters, but it is only one part of sleep health. Timing, regularity, continuity, breathing, daytime alertness and the way sleep fits a person's work and care responsibilities also matter. A person may spend eight hours in bed and still wake unrefreshed. Another may have a difficult week because a baby, shift, illness or family event made rest genuinely unavailable.

Begin with kindness. Tiredness is not a character flaw.

What the evidence supports

For healthy adults, a consensus from sleep-medicine organizations recommends regularly obtaining at least seven hours of sleep. Individual need varies, and "at least seven" is not a universal promise that seven hours will feel sufficient for every person.

Several practical anchors can support sleep and body-clock regularity:

- a reasonably consistent wake time when life allows;
- daylight and activity during the waking day;
- a quieter transition before bed;
- a sleep environment as dark, comfortable and quiet as practical; and
- awareness of caffeine and alcohol timing and their effects.

These are supports, not guarantees. Alcohol may make a person feel sleepy while still disrupting sleep later. Caffeine sensitivity and timing vary. The goal is to observe your response, not obey an internet curfew as though every body were identical.

A seven-day diary can reveal timing and context that one memorable night hides.

What the evidence does not support

Consumer rings and watches estimate sleep through algorithms. Their sleep stages and scores are not the same as a clinical sleep study, and accuracy varies by device, person and outcome. A low score cannot diagnose a disorder. A high score cannot

rule one out, especially when symptoms are concerning.

You do not need to buy a device to understand your sleep. You also do not need to spend an exact percentage of the night in each stage.

This chapter does not support severe sleep restriction, sedative or supplement changes, or driving when dangerously sleepy.

Sleep is not a performance review

Trying harder to sleep can make a person monitor every sensation: “Am I asleep yet? How many hours remain? What will my score say?” That vigilance can turn the bed into a place of work.

For this diary, a sleep anchor is an invitation, not a pass/fail task. If you are awake, you have not failed. If a family need, pain, menopause symptom, noisy night or shift interrupts sleep, write the context without blaming yourself.

Use ranges rather than false precision. “I fell asleep in roughly half an hour” is often enough. If clock-watching raises anxiety, turn the clock away and estimate in the morning. If completing a sleep diary makes bedtime more tense after several nights, pause it and keep only a brief daytime note about alertness.

The most valuable observation may be structural: your schedule does not allow enough sleep opportunity. A breathing symptom, medicine effect, pain or persistent insomnia may need clinical help. A hot or noisy room may need a practical solution. Not every sleep problem can—or should—be solved through self-discipline.

A Mauritius-grounded example

A hospital support worker rotates between early and late duties. On early weeks, the alarm rings before the household is awake. On late weeks, the journey home, a warm room and the need to eat and unwind push sleep later. Advice to keep the same bedtime every night is not realistic.

Instead, the worker chooses the most stable anchor their rota allows: a wake-time window within each shift pattern, followed by outdoor light when practical. Before anticipated early duties, they prepare clothes and transport items earlier so bedtime is not consumed by logistics. They notice that late tea affects some nights but not others, and that a cool shower and quieter final twenty minutes feel useful.

The rota remains difficult. The experiment does not pretend otherwise. It creates a little more consistency inside an inconsistent system—and a clearer record to bring to occupational or clinical care if dangerous sleepiness persists.

Seven-day sleep diary

Estimate; do not calculate every minute. If looking at the clock increases worry, leave times approximate.

Day	Into bed / tried to sleep	Estimated time to fall asleep	Awakenings I remember	Final wake / out of bed	Caffeine or alcohol timing	Restored on waking? 0–10	Daytime notes
1							
2							
3							
4							
5							
6							
7							

Context that belonged to this week

Shift changes, caregiving, pain, illness, heat, noise, travel, celebrations, worry, medicine changes, menstruation/menopause, or something else.

What appears consistent?

What appears different on better-rested days?

What is outside my immediate control?

What may be adjustable?

Build one sleep anchor

Choose one. Do not try to optimize every part of the night.

- ☐ A wake-time window that fits my current responsibilities
- ☐ Daylight soon after waking when practical
- ☐ A short wind-down cue
- ☐ A quieter, darker or more comfortable sleep space
- ☐ An experiment with caffeine timing
- ☐ An experiment with alcohol-free evenings
- ☐ A conversation about pain, medicines, shift work or symptoms
- ☐ Another anchor: .....

Why this anchor fits the pattern I observed:

The version I can do on an ordinary day:

The version I can do on a difficult day:

What I will not demand from myself:

Safe experiment: one anchor for seven nights

Do not reduce time available for sleep. Do not stay awake to complete the diary.

My anchor: .....

My approximate window or cue: .....

Night	Tried the anchor?	What helped or interfered?	Rested on waking?	Daytime alertness	Keep, simplify, discuss or stop?
1					
2					

Night	Tried the anchor?	What helped or interfered?	Rested on waking?	Daytime alertness	Keep, simplify, discuss or stop?
3					
4					
5					
6					
7					

If I use a wearable

Write the observation in words before looking at the score.

How I thought I slept:

What the device estimated:

Did the number add useful information, or mainly change my mood?

If the score makes you repeatedly check, worry or override how you feel, take a device break. You are not abandoning health; you are protecting it from unhelpful measurement.

Stop, pause or seek help

Do not drive or operate dangerous equipment when you are struggling to stay awake. Stop safely and arrange another way to travel or work.

Book a clinician conversation for loud habitual snoring with witnessed pauses, choking or gasping; persistent excessive daytime sleepiness; repeated morning headaches with other sleep concerns; insomnia that persists or impairs daytime life; an irresistible urge to move the legs at night; unusual movements or behaviours during sleep; or a new severe disruption.

Seek urgent help for severe breathing difficulty, collapse, new confusion, or immediate danger of harm. If reduced sleep comes with unusually high energy, racing thoughts, risky behaviour or feeling out of control, seek prompt mental-health assessment rather than trying to solve it with a sleep routine.

Do not begin or increase sleeping tablets, sedating antihistamines, alcohol, cannabis, melatonin or other supplements from this chapter. Medicines and substances can have important effects and interactions; discuss them with an appropriate professional.

THIS WEEK'S QUIET IDEA

Choose one wake-time anchor

Sleep is shaped by more than bedtime. A reasonably consistent wake time can give the day a useful rhythm, while shift work and caring realities need flexibility.

My experiment

Choose a wake-time range that is realistic on most days and observe it for one week.

My backup

Track the time without trying to change it.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What helped or disrupted the rhythm?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Let morning light mark the day

Light and darkness are cues for the body clock. The safest useful version is simply to notice your light environment.

My experiment

When practical, spend a little time in ordinary morning daylight without staring at the sun.

My backup

Open curtains or move nearer a bright window.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did the light cue change alertness or routine in any noticeable way?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Build a landing, not a perfect ritual

A wind-down routine is a transition signal, not a performance that has to look the same every night.

My experiment

Choose one quiet, repeatable cue that helps the day end: lower lights, prepare tomorrow, wash, read or breathe comfortably.

My backup

Use a two-minute version.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which cue felt calming rather than compulsory?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Notice timing without blame

Caffeine and alcohol can affect sleep differently across people and circumstances. A diary can reveal timing patterns without declaring a universal rule.

My experiment

Record caffeine and alcohol timing beside sleep for several days. Change nothing unless you choose to.

My backup

Track only one drink or one day.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What pattern, if any, is worth a longer experiment?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Know when a diary is not enough

Sleep logs and wearables cannot diagnose a sleep disorder. Loud habitual snoring with pauses or gasping, dangerous sleepiness, falling asleep while driving, or persistent insomnia deserves professional attention.

My experiment

Write any sleep concern you want to discuss and the person or service you will contact.

My backup

Read the help guidance and keep the link available.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Is there a concern that needs a conversation rather than another score?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Six review

OPTIONAL COMPANION

Sleep diary
healthspan.mu/go/sleep
QR ref Q007

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 06

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

What did seven days show that one bad night could not?

Which part of my sleep opportunity is supported?

Which part needs a practical change, workplace/family support or clinical conversation?

Did tracking calm curiosity or increase pressure?

The one anchor I will keep, adapt or stop is:

Source notes: [18] , [19] .

07

MONTH 7 · WEEKS 27–30

Know the real signals

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Know the real signals

Numbers are information, not identity

A number can change the atmosphere of a room. A blood-pressure reading appears on a screen and, for a moment, it can seem to say everything: *I am fine. I have failed. Something terrible is about to happen.* Yet a useful health measurement says none of those things on its own.

It says: **here is one piece of information, gathered in a particular way, at a particular time.**

Mauritius has good reason to take cardiometabolic health seriously. In the Mauritius Non-Communicable Diseases Survey 2021, among adults aged 25–74, the age- and sex-standardised prevalence was 19.9% for diabetes and 27.2% for hypertension. More than a quarter of the diabetes identified by the survey had not previously been diagnosed. These are population findings from a defined age group and year; they cannot tell you whether *you* have a condition. They do explain why accurate screening and continuing care matter. [3]

The aim this month is not to become your own laboratory. It is to replace fear, avoidance and guesswork with three calmer skills:

1. measure carefully when a measurement is useful;
2. understand what the result can and cannot mean; and
3. take a clear record and good questions to appropriate care.

Mauritius already has public NCD screening and care pathways. This diary is designed to help you use those pathways well, not to reproduce them or sell you an answer. [7] [6]

> **The sentence to keep:** One reading is a clue, not a conclusion.

What the familiar signals can tell us

Blood pressure

Blood pressure is not a personality test. It is a measurement influenced by the heart, blood vessels, kidneys, nervous system, medicines and many other factors. It can also shift with recent activity, conversation, pain, stress, caffeine, tobacco, a full bladder, the cuff and the position of your body.

When home measurement is appropriate for you, technique matters. Use a validated upper-arm device with a cuff that fits. Before measuring, follow the device instructions and sit quietly for about five minutes. Keep the cuff on bare skin, your back supported, feet flat and uncrossed, and your arm supported. Do not talk during the reading. Two readings, separated by a short pause, are usually more informative to record than one hurried result. [20] [21]

A home record can support a care conversation. It does not establish a diagnosis from one value and it is not an instruction to change medicine.

Blood glucose and HbA1c

Glucose changes through the day. Food, activity, sleep, illness, medicines and the timing and method of measurement all matter. Diabetes is assessed through validated clinical and laboratory pathways, often with confirmation when appropriate. A finger-prick result, a pharmacy screen or a continuous glucose monitor may raise a question; none should be used by this diary to diagnose diabetes or rule it out. [23]

If you already live with diabetes, your treatment plan and monitoring targets belong with your treating team. The same device can have a valuable role in diagnosed diabetes and still be unsuitable as a population screening test. Context changes meaning.

Blood lipids

“Cholesterol” is often discussed as though it were one number. A clinical lipid profile contains related measures, and its significance depends on the wider picture: age, blood pressure, tobacco exposure, diabetes, kidney health, family history, medicines and previous cardiovascular disease, among other factors. A result may support a prevention or treatment conversation. It is not a moral grade for the meal you ate yesterday.

Family history, symptoms and daily function

Not every important signal comes from a device. A strong family history, a change in exercise tolerance, medicines, tobacco exposure, sleep-disordered breathing, symptoms and the conditions in which you live can all affect a care conversation. “My number looked all right” is not a reason to ignore persistent or worrying symptoms.

The most useful appointment begins before the appointment

Clinical time can feel short. Preparation helps you use it for the questions that matter. A helpful record includes:

- what was measured, with the date, time, device and technique;
- repeated readings rather than a selected “best” or “worst” one;
- relevant symptoms and what you were doing when they occurred;
- current medicines and supplements, including dose if known;
- recent illness, sleep disruption or major changes;
- your family history and previous results; and
- the decision or question you hope the conversation will address.

You do not need perfect records. You need honest ones.

Use the accurate blood-pressure guidance and printable seven-day record in this chapter. For screening questions, prepare a conversation from the paper prompts and check current official Mauritius information. Neither activity turns your entries into a score.

Deep writing exercise — Give the number its story

Choose one measurement or screening question that has been on your mind. If you do not want to work with a number, choose a symptom, family-history question or care decision instead.

1. What is the question beneath the number?

Examples: *Is my home technique reliable? Is this a repeating pattern? What screening is appropriate for me? Is a medicine causing this symptom?*

My real question:

2. What do I actually know?

Record facts, not interpretations.

What I observed	Date/time and context	How it was measured	Symptoms or relevant changes

3. What am I assuming?

Write down the story your mind has added. It may be reassuring, frightening, blaming or simply uncertain.

4. What could make the information more reliable?

☐ Check the device model or cuff fit
☐ Repeat using the stated protocol
☐ Record medicines and symptoms
☐ Find an earlier result for comparison
☐ Arrange appropriate screening or care
☐ Stop measuring repeatedly and ask for help with the anxiety
☐ Something else: .....

5. My three care questions

1.
2.
3.

This month's safe experiment — A record that serves a decision

Choose **one** route.

Route A: prepare a care conversation. Complete the exercise above, update your medicine list and use the one-page health story near the front of this book. Your experiment is complete when you have arranged or prepared the appropriate conversation—not when you have found a "perfect" number.

Route B: make home blood-pressure readings more reliable. Choose this only if home monitoring is suitable for you and you have a validated upper-arm device with an appropriate cuff. Follow the seven-day paper record in this chapter. Record all planned readings, not only the ones you prefer. Do not take extra readings to chase a desired result, and do not change medicine from the log.

Your route: .....

The decision this information should support: .....

My backup if the plan is not workable: .....

At the end, ask: *Did the record make the next conversation clearer? Did it reduce uncertainty, or did it make me check compulsively?* Keep the practice only if it serves you.

Stop, pause or seek help

Use the emergency instructions near the front of this book now for chest pressure or pain, face drooping, arm weakness, new speech difficulty, severe trouble breathing, collapse that does not quickly resolve, seizure, severe allergic reaction or uncontrolled bleeding. Do not drive yourself. Emergency details must be rechecked before each print run. [1] [2]

Seek timely clinical advice for persistent or concerning symptoms, repeated concerning readings, new fainting, palpitations with dizziness, a suspected severe medicine reaction, or a marked change in your ability to function. A device display should never overrule how unwell a person appears.

Pause tracking if it increases panic or repeated checking. Bring the pattern—and the distress it creates—to an appropriate professional.

Four weekly lenses

Week 1 — Accuracy: What conditions make my observations more reliable?

Week 2 — Context: What was happening around the number?

Week 3 — Conversation: What would I like a qualified professional to help me decide?

Week 4 — Enough: Which measurements help, and when is it time to stop checking?

THIS WEEK'S QUIET IDEA

Make blood-pressure technique boringly consistent

Position, cuff, rest, conversation and timing can all change a reading. Consistent technique makes a log easier to discuss.

My experiment

If home monitoring is appropriate for you, rehearse the validated-cuff and five-minute-rest setup before recording anything.

My backup

Use the guide to prepare questions for a pharmacy or clinic measurement.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which part of the setup was easiest to overlook?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Bring questions, not self-diagnoses

Blood glucose and lipids belong in clinical context. A well-prepared question is often more useful than trying to interpret one number alone.

My experiment

Write three questions about a result, family history, symptom or screening decision for a qualified professional.

My backup

Write one question: "What would you want me to understand about this?"

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which question would change what you do next?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Weight is optional information

BMI and waist measures are rough population tools, not direct measures of body composition, fitness, function or worth. You can choose a non-weight path.

My experiment

Decide whether any body measurement has a clear, supportive purpose for you. Choosing "not now" is a valid result.

My backup

Write a function, energy or care goal instead.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did the measure support care—or increase anxiety, rigidity or judgement?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Prepare for screening as a conversation

Screening depends on age, anatomy, history, previous results and current local guidance. A static diary cannot decide what you are due for.

My experiment

Record the last screening or preventive-care conversation you remember and one thing to clarify.

My backup

Save the current Mauritius service link.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What information will make the next appointment more useful?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Seven review

OPTIONAL COMPANION

Blood-pressure guide
`healthspan.mu/go/bp`
QR ref Q008

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 07

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

The most useful signal I noticed was: .....

The assumption I was able to loosen was: .....

The care question I want to carry forward is: .....

One measurement I will keep, simplify or stop: .....

Source notes

- [3] Mauritius Ministry of Health and Wellness, *Mauritius Non-Communicable Diseases Survey 2021*. Population findings require the stated age band, year and definitions.
- [7] Mauritius Ministry of Health and Wellness, current early-detection and NCD-screening information.
- [6] Mauritius Ministry of Health and Wellness, *National Service Framework for Non-Communicable Diseases 2023–2028*.
- [20] US CDC, correct home blood-pressure technique; apply with local clinical context.
- [21] STRIDE BP, independently validated monitor lists; exact local model availability and cuff fit still matter.
- [23] American Diabetes Association, clinical diagnosis and classification guidance; US guidance requires Mauritius clinical interpretation.
- [1] and [2] current government sources for emergency contacts; manually verify before release.

08

MONTH 8 · WEEKS 31–34

Stress and recovery

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Stress and recovery

Recovery is not something you earn

Some forms of pressure arrive with a clear name: a deadline, an illness, a difficult conversation, a financial worry. Others accumulate almost invisibly—noise, commuting, caregiving, uncertainty, interrupted sleep, too many decisions, too little privacy. A person may be capable and grateful and still be overloaded.

In Mauritius, pressure may be shaped by long cross-island travel, shift or customer-facing work, caring across generations, the cost and timing of appointments, weather disruption, school and household responsibilities, or holding conversations across several languages. None of these is a universal "Mauritian experience." The point is to locate stress in the life actually being lived, rather than reducing it to an individual failure to relax.

Stress is not proof that you are weak. It is also not harmless simply because it is common.

The body's stress response can help us meet a challenge. When demands remain high or recovery remains scarce, people may notice tension, irritability, racing thoughts, low mood, forgetfulness, stomach discomfort, poor sleep, fatigue, avoidance or difficulty concentrating. Those experiences have many possible contributors. This diary cannot determine their cause, and it should not turn them into a "stress score."

Recovery is the repeated experience of enough safety, rest, support or meaning for the system to settle. It may be quiet, movement, prayer, music, time outdoors, laughter, a meal, a boundary, treatment, practical help or a conversation in the language in which you feel most at home. It is not one purchasable hack. It is not a wearable number. And it is not a reward reserved for when every task is done.

WHO's public guidance encourages practical coping skills and seeking professional help when coping becomes difficult. The evidence supports offering choices, not claiming that one breathing pattern or mindset works for everyone. [25] [26]

> **The sentence to keep:** Recovery can be small and real at the same time.

Begin with the load, not the self-criticism

When a behaviour keeps slipping, the easy conclusion is, *I need more discipline*. A kinder and more useful question is, *What load is this plan competing with?*

Look at four kinds of load:

- **Immediate load:** urgent tasks, pain, conflict, illness, noise or disrupted sleep.
- **Ongoing load:** caregiving, work conditions, financial strain, loneliness or uncertainty.
- **Invisible load:** remembering, anticipating, translating, arranging and being the person others rely on.
- **Internal load:** fear, grief, shame, rumination, perfectionism or the effort of appearing fine.

Not every load can be removed by an individual exercise. Sometimes the next healthy step is practical support, a workplace change, financial or legal advice, medical treatment, shared caregiving or protection from harm. A diary must never imply that calm breathing solves unsafe conditions.

Build a recovery menu, not a recovery rule

Under pressure, choice can disappear. A short pre-written menu makes it easier to find one available response.

Thirty seconds: unclench your jaw; feel both feet; look for three colours; take one comfortable breath; name what is happening.

Two minutes: step into fresh air; stretch gently; drink water if appropriate; listen to one piece of music; write the next single task; send “Can you talk later?”

Ten minutes: walk at an easy pace; prepare something nourishing; take a shower; sit in quiet or prayer; play with a child or animal; ask someone to share one task.

Longer support: protected sleep time; a clinical appointment; therapy or counselling; time with trusted people; respite; changing an unsustainable commitment.

These are possibilities, not obligations. Breath-focused practices can feel unpleasant for some people, particularly during panic or after trauma. You can keep your breathing natural and orient to sights, sounds and physical support instead.

Use the brief practices and pressure map in this chapter for notes about recovery. If you want a separate record of feelings, concentration, memory and functioning, make it in the writing space without scoring it. Neither exercise diagnoses a condition.

Deep writing exercise — Map pressure without blaming yourself

1. What is taking energy now?

Write freely. Include the “small” things. They count because you are carrying them.

2. What does pressure look like in me?

I notice it in…	Early signs	When the load is high	What others might notice
My body			
My thoughts or memory			
My feelings			
My habits or relationships			

3. Sort the load

I can act on this directly:

I can ask for help or share this:

This needs professional, organisational or community support:

This is painful and not currently under my control:

4. Make your three-level recovery card

When I have 30 seconds, I can: .....

When I have 10 minutes, I can: .....

When I need another person, I will contact: .....

A sign that self-help is not enough is: .....

If I may not be safe, I will: .....

This month's safe experiment — One reliable downshift

Choose an existing daily transition: after closing your laptop, before entering home, after lunch, after evening prayer, when the kettle boils, or just before preparing for sleep.

For seven days, attach one **brief, comfortable** recovery action to that cue. Keep it small enough for a demanding day. Examples include feeling your feet for three natural breaths, stepping outside for two minutes, stretching without pain, or writing one honest sentence: *Right now I feel… and the next kind thing is…*

My cue: .....

My small recovery action: .....

If that action is unavailable, my backup is: .....

After each attempt, record only:

- Did I remember? yes / no / partly
- What changed, if anything? .....
- What did I need that the exercise could not provide? .....

The experiment has not failed if you feel no calmer. You have learned whether the practice fits, whether the load is too high, or whether another form of support is needed.

Stop, pause or seek help

If you are thinking about suicide and may act, may harm yourself or someone else, or cannot stay safe, use the emergency instructions near the front of this book, go to the nearest emergency department and tell a trusted person who can stay with you. End the worksheet. [1] [2]

Seek prompt professional help when distress is rapidly worsening, daily functioning is significantly affected, panic or low mood persists, sleep disruption becomes severe, substances are being used to cope in a dangerous way, or other people express

concern. If your circumstances involve abuse, coercion or immediate danger, a relaxation exercise is not a safety plan; seek appropriate emergency or safeguarding support.

Stop any exercise that increases distress, dizziness, pain or a sense of being trapped. Choose a different grounding method or another person's support.

Four weekly lenses

Week 1 — Notice: What are my earliest signs of overload?

Week 2 — Allow: Can I name one honest feeling without immediately fixing or judging it?

Week 3 — Support: Which load needs another person, service or changed condition?

Week 4 — Recover: Which small downshift is genuinely available to me?

THIS WEEK'S QUIET IDEA

Name the pressure before solving it

Stress is not a personal defect. Naming what is happening can separate the pressure itself from the story that you should cope perfectly.

My experiment

Complete: "The pressure I notice is ____. It is affecting ____."

My backup

Name only the body signal: tight, restless, tired, numb or something else.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What became clearer once the pressure had a name?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Orient to this moment

A brief grounding practice can create a pause. It is not a cure and does not replace help when distress is severe or safety is at risk.

My experiment

For one minute, notice contact with the chair or floor and name a few things you can see, hear or feel.

My backup

Take one comfortable breath and look for one steady object.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did the pause change the next minute, even slightly?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Sort control from concern

Some pressures can be acted on; some can only be acknowledged, shared or carried differently.

My experiment

Draw two columns: "I can influence" and "I cannot control today." Put one item in each.

My backup

Choose one action that protects time, safety or support.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Where did releasing an impossible task create room?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Make support specific

"Let me know if you need anything" is kind but vague. Support becomes easier to receive when the request is small and clear.

My experiment

Name one person or service and one specific thing you could ask for.

My backup

Draft the message without sending it yet.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What made asking easier or harder?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Eight review

OPTIONAL COMPANION

Reset & reflect
`healthspan.mu/go/reset`
QR ref Q009

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 08

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

The pressure I understand more clearly now is: .....

The recovery action that felt most natural was: .....

The support I still need is: .....

One boundary, request or practical change worth trying is: .....

Source notes

- [25] World Health Organization, *Stress*, updated 2026. General coping and help-seeking guidance, not individual diagnosis.
- [26] World Health Organization, public mental-wellbeing resources. Self-help does not replace urgent or professional care.
- [10] Michie and colleagues, COM-B behaviour framework. Used here to consider capability, opportunity and motivation, not to label a person.
- [1] and [2] government emergency sources; contacts require manual pre-publication and quarterly checks.

09

MONTH 9 · WEEKS 35–39

Mind, connection and purpose

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 5 weekly systems follow. The month review waits until the end.

Mind, connection and purpose

A healthy mind does not live in isolation

We often talk about the brain as though it were a machine inside a locked room. Feed it the right puzzle, find the right supplement, achieve the right score. Human cognition is more ordinary and more remarkable than that. Attention, memory, language and decision-making are lived through a whole person—sleeping or sleep-deprived, moving or inactive, nourished or hungry, connected or lonely, safe or under pressure, managing illness or medicines, learning, grieving and participating in daily life.

Connection in Mauritius may run through family, neighbourhood, work, sport, faith, music, food and the language in which a person can be most fully themselves. An island can feel closely connected and still contain profound loneliness, migration, conflict or caregiver strain. Proximity is not the same as support, and a large family is not proof that every member feels safe or heard.

This means there is no single "brain age" exercise in this chapter. There is something better: a chance to notice the conditions in which your mind works well, the relationships that hold you, the contribution that gives a day shape, and the changes that deserve professional attention.

WHO's healthy-ageing framework includes cognition and psychological capacity alongside mobility, vitality and sensory health. It also emphasises the interaction between the individual and the environment. [9] Social connection is health-relevant across adulthood, but connection is not a simple headcount. A person can live alone without feeling lonely, or feel profoundly alone in a crowded room. [27]

> **The sentence to keep:** Protect the conditions for a thinking, feeling, connected life—not a perfect score.

Notice change in context

Everyone forgets. Names hesitate on the tongue. A task is harder after poor sleep. Attention narrows during grief or fear. Normal variation is real, and so are changes worth discussing.

A useful observation has context:

- What changed—memory, attention, language, planning, mood or confidence?

- When did it begin, and was the change gradual or sudden?
- Does it affect familiar tasks, work, finances, medicines, driving or safety?
- What was happening with sleep, stress, illness, pain, alcohol or medicines?
- Who else has noticed?
- Is there a new problem with vision, hearing, balance, weakness or speech?

The diary cannot use these answers to diagnose a cognitive condition. It can help you create a clearer record. Sudden confusion, new weakness, face drooping or speech difficulty is not a journalling prompt; it may be an emergency.

Use the writing exercise in this chapter for an unscored record of changes and context. Keep the result in your book or choose to share it. It should not be uploaded or messaged without your clear action.

Connection has more than one shape

Connection can be practical: someone who will collect medicine or help when transport falls through. It can be emotional: someone with whom you do not need to perform. It can be shared identity, faith, neighbourhood, culture, language, work, sport, music or cause. It can be reciprocal: the dignity of giving as well as receiving.

Three questions are more useful than “How many friends do I have?”

1. **Structure:** Who is present in my life, and how often are we in contact?
2. **Function:** Who can offer practical, emotional or informational help—and to whom do I offer it?
3. **Quality:** Where do I feel safe, respected and able to be honest?

Caregiving belongs here too. Contribution can give meaning, but relentless responsibility without rest or support can erode health. Purpose is not the same as being endlessly useful to others.

Purpose can be quiet

Purpose does not require a grand calling. It can be the reason you prepare breakfast, tend a garden, teach a skill, protect a relationship, show up for work, learn, create, pray, repair or begin again. It can change across life stages.

Purpose becomes unsafe when it turns into the belief that your needs do not matter. A sustainable sense of contribution includes limits, receiving and rest.

Deep writing exercise — The mind, people and meaning map

Part A: When my mind feels most available

Think of two recent moments when you felt present, curious, capable or mentally clear. They do not need to be impressive.

Moment one: .....

What was true about sleep, food, movement, stress, company and setting?

Moment two: .....

What was true about sleep, food, movement, stress, company and setting?

One condition I would like to make more available:

Part B: My connection circles

Write initials if you prefer privacy.

Circle	People, groups or places	What this connection offers	What I offer	One boundary or need
Close and trusted				
Practical support				
Shared interest or identity				
A connection I miss				
Professional or community support				

Part C: What gives an ordinary day meaning?

Finish any prompts that feel useful.

- I feel most like myself when .....
- Something I enjoy learning or noticing is .....

- A contribution I value is .....
- A person, place or practice I want to protect is .....
- If no one could grade this year, I would spend a little more time .....
- I need permission to do less of .....

Part D: One honest request

What support, contact, boundary or care conversation would make life more workable?

The person or service I can ask is: .....

The first sentence I could use is: .....

This month's safe experiment — One meaningful contact

Choose one action small enough to complete without forcing intimacy or overextending yourself:

- send a specific message rather than "we should meet sometime";
- invite someone to a short walk, tea or shared task;
- ask for one practical form of help;
- offer help you can give without resentment;
- return to a group, place, craft, language, faith practice or interest that matters;
- protect ten minutes for learning or creating; or
- set one boundary that preserves the energy needed for connection.

Make a private support map in the paper space and keep it with the book if that feels safe.

My action: .....

Why it matters to me: .....

What would make it respectful and realistic: .....

My backup if contact is not possible: .....

Observe the experience, not a score. Did the action bring warmth, discomfort, energy, grief, relief or no clear change? All are information.

Stop, pause or seek help

Use the emergency instructions near the front of this book for sudden face drooping, arm weakness, speech difficulty, collapse, seizure or another possible medical emergency. [1] [2]

Arrange appropriate clinical advice for persistent or worsening changes in memory, language, judgement, mood or ability to manage familiar tasks; dangerous sleepiness; unexplained sensory changes; or concerns raised by people who know you well. Bring a medicines list and a timeline. Do not stop medicines because you suspect they are involved; ask for a review.

If loneliness or low mood becomes overwhelming, functioning is impaired, or you may not be safe, move from reflection to human help. If there is immediate danger of self-harm, use the emergency instructions near the front of this book and involve a trusted person who can stay with you.

Pause the connection experiment if another person ignores your boundaries, coerces you or makes you unsafe. Connection is not healthy merely because it exists.

Four weekly lenses

Week 1 — Conditions: When does my mind feel most available?

Week 2 — Contact: Where do I feel seen, useful and able to receive?

Week 3 — Curiosity: What would I like to learn, notice or make?

Week 4 — Meaning: Which ordinary action expresses what matters to me?

THIS WEEK'S QUIET IDEA

Protect one pocket of attention

Attention changes with sleep, stress, pain, medicines, mood, environment and many other factors. One difficult day is not a diagnosis.

My experiment

Choose one short task and reduce one competing distraction while you do it.

My backup

Work for two minutes, then decide whether to continue.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which condition helped attention feel more available?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Learn something that matters to you

Curiosity, practice and participation are richer goals than chasing a consumer "brain age."

My experiment

Spend a few minutes learning or practising something connected to your interests, work, culture or relationships.

My backup

Ask one good question.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What made you curious enough to return?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Count the quality of connection

Being alone is not the same as loneliness. Connection includes practical help, emotional safety, belonging, reciprocity and choice.

My experiment

Notice one interaction that left you more supported, understood or useful.

My backup

Send a brief message to someone you trust or value.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What kind of connection do you want a little more of?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Contribution can be small

Purpose is not a grand project. It can be the ordinary experience of mattering to a person, place or task.

My experiment

Choose one small act of contribution that fits your capacity this week.

My backup

Notice one way you already contribute.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which act felt meaningful without draining more than it gave?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Caregivers need a line around care

Supporting another person can be meaningful and exhausting at the same time. A boundary can protect the relationship as well as the caregiver.

My experiment

Name one responsibility you carry and one form of support, respite or clearer limit that would help.

My backup

Tell the truth about the load on this private page.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What support should not depend on you coping alone?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Nine review

OPTIONAL COMPANION

Connection map
`healthspan.mu/go/connect`
QR ref Q010

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 09

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

One condition that supported my mind was: .....

One connection that felt nourishing or honest was: .....

One boundary that protected my capacity was: .....

One change I want to discuss with a professional is: .....

The ordinary source of meaning I want to carry forward is: .....

Source notes

- [9] World Health Organization, integrated care for older people and intrinsic capacity. A clinical framework, not a consumer cognitive score.
- [27] World Health Organization, social isolation and loneliness evidence hub. Association does not prove a precise lifespan effect for an individual.
- [25] World Health Organization, general stress and help-seeking guidance.
- [18] Joint adult sleep-duration consensus; duration is one part of sleep health and individual need varies.
- [13] WHO physical-activity guidance; used as a foundation for whole-person function, not a dementia-treatment claim.
- [1] and [2] government emergency sources; verify contacts before release.

10

MONTH 10 · WEEKS 40–43

Care & Context

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Care & Context

The foundations do not replace care

Sleep, movement, food, connection and recovery are powerful foundations. They are not a substitute for vaccination, screening, diagnosis, treatment, oral care, sensory care or a careful review of medicines. Health is shaped by what we do, but also by biology, age, inheritance, infection, environment, access, work, income, safety and the care available to us.

This is why Volume One has a layer beneath the five visible pillars: **Care & Context**.

Care & Context asks different questions. Not *Have I been good enough?* but:

- What care am I already receiving?
- What has changed since my last useful conversation?
- What am I taking, and do I understand why?
- What screening or preventive care is worth discussing for my age, history and circumstances?
- Are tobacco, nicotine, alcohol or other exposures affecting what matters to me?
- Can I see, hear, eat, speak and participate comfortably?
- What practical barrier makes care harder to reach?

Mauritius has public strategies and services for prevention and NCD care. Details can change, so the book does not print a universal screening calendar. Check current first-party Mauritius information and use the paper prompts to prepare a conversation. [5] [7]

> **The sentence to keep:** Prevention is not self-surveillance. It is timely care in the context of a whole life.

Preventive care is personal and shared

A useful preventive-care plan depends on factors a generic diary cannot fully assess: age, sex, personal and family history, previous results, medicines, pregnancy history where relevant, occupation, exposures, symptoms and local guidance. Some care is regular; some begins because something changed.

Rather than memorising an online checklist, prepare for a conversation:

- What screening have I already had, and what were the follow-up instructions?
- Has a clinician asked me to return or repeat a test?
- Are vaccinations worth reviewing for my circumstances?
- Have I noticed changes in vision, hearing, teeth, gums, swallowing, balance, bladder or bowel function?
- Is pain, sleepiness or mood affecting work, driving, relationships or daily tasks?
- Are cost, transport, time, language, disability access or fear getting in the way?

The final question is not a personal failure. Access is part of health. Naming a barrier may allow a family member, employer, service or professional to help solve it.

Medicines and supplements: make the invisible list visible

Many people keep a list in memory until memory is least reliable—during illness, stress or an emergency. A written record is a small act of safety.

Include prescription medicines, non-prescription medicines, injections, inhalers, creams, traditional or herbal preparations, vitamins and other supplements. Record the name, dose if known, how often you take it, why you believe you take it, who recommended it, and any question or suspected side effect.

Do not stop a medicine suddenly because you read about a possible effect. Do not assume a product is safe because it is "natural." Medicines and supplements can interact with one another, with surgery and with laboratory tests. Most vitamin and mineral supplements have not been shown to prevent cardiovascular disease or cancer in the general adult population, while individual deficiencies and clinical indications are different questions. [32] [33]

Use the medicines and supplements sheet near the front of this book to prepare for a clinician or pharmacist. It records questions; it does not recommend a product or make a start/stop decision.

Tobacco, nicotine and alcohol: care without shame

In the 2021 Mauritius NCD survey of adults aged 25–74, current smoking prevalence was 18.1%, and 15.4% met the survey's definition of harmful alcohol consumption. Those figures describe a surveyed population and definitions, not an individual. They do remind us that many readers will be living with these exposures or supporting someone who is. [3]

Tobacco dependence is treatable. Evidence-based behavioural support and suitable medicines can help adults stop, with the best option depending on the person and local availability. A lapse is information, not a moral collapse. [28]

For alcohol, lower exposure is safer. This book does not advise a person who does not drink to start drinking for health. It also does not ask someone who may be dependent to stop abruptly without clinical support; withdrawal can be dangerous. [29]

The useful first question is, *Would I like help to change this?* The next is, *What kind of support would make change safer and more possible?*

Mouth, eyes and ears belong in the same story

Oral health affects comfort, eating, speaking, sleep, confidence and participation. Persistent mouth pain, ulcers, bleeding, swelling, difficulty chewing or swallowing, a changing lesion or loose teeth deserves professional attention. Regular oral care is not cosmetic luxury. [30]

Vision and hearing changes can alter balance, cognition, connection, work and safety. People often adapt slowly—turning up a screen, withdrawing from conversation, avoiding night driving—without naming the change. Record what has become harder. Sensory support can be part of protecting function and relationships.

Deep writing exercise — Build your Care & Context packet

Page 1: My current care map

Area	What I know or have already done	What changed or is due for discussion	Barrier or question
Primary or NCD care			
Blood pressure/glucose/lipids			
Vaccination discussion			
Oral health			
Vision			
Hearing/balance			

Area	What I know or have already done	What changed or is due for discussion	Barrier or question
Mental wellbeing			
Other specialist care			

Page 2: My medicine and supplement record

Name and form	Dose/frequency if known	Why I take it	Who advised it	Questions, effects or difficulty taking it

Allergies or previous severe reactions:

A medicine I sometimes miss, alter or struggle to obtain—and why:

Do not use this page to change the medicine yourself. Use it to make the obstacle visible.

Page 3: Exposures and support

You may leave any answer blank.

Tobacco or nicotine: What role does it play? Would I like support to reduce or stop?

Alcohol: What pattern do I notice? Has anyone expressed concern? Would reducing feel difficult or unsafe?

Other exposures: Work, air, noise, sun, chemicals, smoke at home, or something else worth discussing:

The kind of support I would accept:

My three priorities for the next care conversation

1.
2.
3.

This month's safe experiment — Close one care loop

Choose one unfinished loop. Small counts.

- find and record an earlier result;
- place all medicine and supplement names on one list;
- arrange a screening or follow-up conversation;
- ask what a medicine is for and what to do if a dose is missed;
- arrange an oral, vision or hearing check because something changed;
- ask for tobacco-cessation support;
- ask for clinical advice before changing alcohol use if dependence or withdrawal is possible; or
- name one access barrier and ask one person or service for practical help.

The loop I will close: .....

The smallest action: .....

Who or what can help: .....

My backup if access is difficult: .....

What "closed" means: .....

Closing the loop may mean receiving care. It may also mean learning that a test is not currently indicated, that the next step is watchful follow-up, or that a different service is needed. The experiment is about clarity, not obtaining more tests.

Stop, pause or seek help

Use the emergency instructions near the front of this book for severe trouble breathing, collapse, a severe allergic reaction, uncontrolled bleeding, possible heart or stroke signs, seizure or another medical emergency. [1] [2]

Seek urgent clinical advice for a suspected severe medicine reaction, rapidly worsening symptoms, repeated vomiting or confusion in a person with diabetes, or a serious problem after changing or missing medicine. Bring containers or an accurate list when it is safe to do so.

Do not stop alcohol abruptly without clinical advice if you experience withdrawal symptoms, need alcohol to steady yourself, drink heavily most days or have had withdrawal before. Do not stop prescribed medicines or substitute a supplement because of this chapter.

Seek timely oral care for persistent pain, swelling, bleeding, ulcers or lesions, difficulty swallowing, or changes that do not settle. New sudden vision, speech, weakness or severe balance change may require emergency assessment rather than a routine appointment.

Four weekly lenses

Week 1 — Inventory: What care and medicines are already part of my life?

Week 2 — Understand: Which purpose, instruction or follow-up is unclear?

Week 3 — Access: What practical barrier can be named or shared?

Week 4 — Close: Which one care loop can I complete or clarify?

THIS WEEK'S QUIET IDEA

Know what is in the medicine drawer

A complete list of medicines and supplements—including doses if known and why you use them—can make a pharmacist or clinician conversation safer.

My experiment

Record one shelf, bag or prescription at a time. Do not start or stop anything from the worksheet.

My backup

Photograph labels for your own reference if that is easier and private.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which question belongs in a medication review?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Tobacco dependence deserves support

Nicotine dependence is treatable. Needing help is not weak, and a supported attempt can include professional guidance and evidence-based options.

My experiment

If relevant and wanted, write one person or service you could ask about support. If not relevant, use the week for another care priority.

My backup

Notice one trigger without demanding immediate change.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What kind of support would respect your readiness?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

With alcohol, less is lower risk

Alcohol carries health risk, and lower exposure is generally safer. People who may be dependent should not be told to stop abruptly without medical advice because withdrawal can be dangerous.

My experiment

If you drink, notice amount, frequency, setting and purpose without judgement. Choose change only if safe and wanted.

My backup

Record one alcohol-free choice you already make.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Is there a pattern or safety question worth discussing?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

The quiet foundations count

Oral health, vision, hearing, vaccination and sexual or reproductive care can affect daily function and deserve a place in healthspan.

My experiment

Choose one quiet foundation and write when it was last discussed or checked.

My backup

Add one question to your next routine appointment.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which overlooked foundation would make daily life easier?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Ten review

OPTIONAL COMPANION

Medicines list
healthspan.mu/go/meds
QR ref Q011

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 10

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

The care information I now have in one place is: .....

One question that received a clearer answer was: .....

One barrier I named or shared was: .....

One loop still open—and the next step—is: .....

Source notes

- [5] and [6] Mauritius policy and service-framework anchors; check for successor documents.
- [7] Mauritius Ministry of Health and Wellness, current screening information; availability can change.
- [3] Mauritius NCD Survey 2021; preserve age band, year and survey definitions.
- [28] WHO adult tobacco-cessation clinical guideline; local medicine and service availability requires confirmation.
- [29] WHO alcohol fact sheet; a population summary, not an individual dependence assessment.
- [30] WHO oral-health fact sheet; individual intervals and treatment belong with an oral-health professional.
- [32] US Preventive Services Task Force; prevention guidance is not a complete guide to deficiency or individual indications.
- [33] NIH Office of Dietary Supplements, consumer information; US regulatory context is not Mauritius law.

11

MONTH 11 · WEEKS 44–47

Read trends wisely

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 4 weekly systems follow. The month review waits until the end.

Read trends wisely

More data is not the same as more understanding

A ring can estimate sleep. A watch can count steps and sample heart rate. A scale can display body composition. A continuous glucose monitor can draw a line after a meal. These tools can be interesting, motivating and, in appropriate clinical care, genuinely useful. They can also create a false feeling of precision.

For a reader in Mauritius, a device may have been imported, use an app or reference range designed elsewhere, lack local servicing, or be sold without clear independent validation for the exact model. Overseas regulatory language is not Mauritius clinical guidance. Price and replacement supplies are part of usefulness too: a measurement that cannot be sustained or confirmed may create more uncertainty than support.

Every device sits between your body and the number. Sensors sample. Algorithms estimate. Companies update software. Placement, movement, skin contact, hydration, temperature, timing and the person wearing the device can change the result. Two brands may use the same label for measurements produced in different ways.

The question this month is not, *Is technology good or bad?* It is:

> **Does this measurement answer a useful question well enough to support a safe decision?**

If the answer is no, collecting more of it will not create meaning.

Signal, noise and the story we add

A **signal** is a pattern relevant to the question you are asking. **Noise** is variation that obscures or imitates that pattern. Neither is always obvious from one reading.

Suppose a wearable says your sleep score fell. Possible contributors include a genuinely disrupted night, a loose fit, a changed algorithm, movement in bed, charging time or the way the device estimates sleep. Your experience—when you went to bed, whether you were awake, whether you feel dangerously sleepy—still matters.

Use five filters:

1. **Question:** What decision is this number meant to support?
2. **Method:** Is the device and technique suitable for that measurement?
3. **Time:** Is one reading meaningful, or is a repeated pattern needed?
4. **Uncertainty:** What else could explain the change?
5. **Consequence:** What action will I take, and could that action cause harm?

Systematic reviews of consumer wearables find that accuracy varies by device, metric, activity and population. Selected sleep devices also differ from polysomnography, particularly for detailed sleep staging. A trend may be useful as a behaviour cue without becoming clinical truth. [31] [19]

Use the questions in this chapter to examine each device's purpose, limits and confirmation pathway.

CGM: a line is not a verdict on food

Continuous glucose monitoring has an important, evidence-based role for many people living with diabetes, particularly in clinically indicated care. That does not make it a validated screening test for every healthy adult. [24]

CGM measures glucose in interstitial fluid, not directly in blood, and there can be lag and measurement variation. A rise after eating is not, by itself, evidence that a familiar food is "bad," that your metabolism is damaged or that you need to remove an entire food group. The size and shape of one trace can vary with meal composition, timing, prior activity, sleep, stress, sensor factors and normal physiology.

For diabetes diagnosis, use the appropriate laboratory and clinical pathway. [23] If CGM is used outside diagnosed diabetes, it should be a bounded, transparent and clinically responsible exploration—not a funnel to restriction, repeated monitoring or a product subscription. This diary does not supply universal "spike" targets for people without diabetes.

BMI: one calculation, limited context

Body mass index is weight in kilograms divided by height in metres squared. It is a population-derived screening measure, not a direct measurement of body fat, fitness, metabolic health, function or personal worth. The same value can mean different things in different bodies and contexts.

BMI may be one optional piece of a wider adult clinical conversation. It is not a goal by default. This adult calculation should not be used to interpret children or pregnancy. Body composition, muscularity, ethnicity, illness, fluid status and life

stage can affect how useful it is. Anyone for whom weight tracking increases restriction, guilt, repeated checking or compensation should use the complete non-weight pathway.

If an appropriate professional believes adult BMI would add useful context, the arithmetic can be done without turning it into a health grade, target weight or product match. You never need it to complete this book.

Waist-to-height ratio is another optional rough adult estimate in some populations, but it also has exclusions and is not a diagnosis or "body age." [22]

"Biological age" and merged scores

A single dashboard score can feel satisfying because it hides uncertainty. It can also combine unlike measures, proprietary weights and poorly validated assumptions into a number that appears clinical. A 2026 critical review of ageing clocks based on routine clinical indicators found serious heterogeneity and validation gaps. An association with later outcomes does not show that changing the clock changes the outcome, or that the result should guide an individual's treatment. [35]

Regulatory classification is not proof of accuracy. A device can sit within a general-wellness policy and still be unhelpful for your question. [34]

This book therefore keeps foundations and measurements separate. It does not merge sleep, BMI, steps, HRV, glucose and mood into one healthspan age.

Deep writing exercise — Audit one metric

Choose one number you check: steps, resting heart rate, HRV, sleep, weight, body composition, glucose, blood pressure or another metric. You can also audit a metric you are considering before you begin.

1. The question

What do I hope this number will tell me?

What decision would change because of it?

---

2. The method

Device or method: .....

What it measures directly, if anything: .....

What it estimates: .....

Conditions that change it: .....

Independent validation or protocol I have checked: .....

3. The meaning

Observation	A possible signal	Possible noise or context	Safe next step

4. The human cost

How much time, money and attention does this metric use?

Does it support curiosity and action—or fear, guilt, restriction or repeated checking?

What important experience does it fail to capture?

---

5. My decision

☐ **Keep** — it answers a useful question with acceptable limits.
☐ **Simplify** — check less often, hide a score, or record only what supports action.
☐ **Discuss** — take the device, method and pattern to a qualified professional.
☐ **Stop** — the cost, uncertainty or distress outweighs its usefulness.

Why: .....

This month's safe experiment — One metric, one question, two weeks

If you rely on monitoring for diagnosed care, do not alter the prescribed schedule. Otherwise, choose one of these routes:

Route A: one-question trend. Select one low-risk behavioural question, such as "Does a regular morning walk help me feel more alert?" Choose one observation that can inform it. Record for two weeks under reasonably consistent conditions. Do not

add extra measurements midway.

Route B: simplify. Turn off one non-essential alert, hide one proprietary score or reduce checking frequency for two weeks. Keep emergency and clinically prescribed alerts unchanged.

Route C: non-device path. Record a brief lived observation—energy for a valued task, ease of a walk, how rested you feel, or whether a routine occurred—without collecting a device number.

My route and question: .....

What I will record: .....

What I will deliberately not record: .....

Stop rule: .....

At the end, decide: keep, simplify, discuss or stop. “More data” is not a required option.

Stop, pause or seek help

Symptoms take priority over a reassuring device. Use the emergency instructions near the front of this book for possible heart or stroke signs, severe breathing difficulty, collapse, seizure, severe allergic reaction or another medical emergency. [1] [2]

Seek appropriate clinical advice for concerning symptoms or repeated unexpected patterns. Confirm unexpected consumer readings through an appropriate clinical method where advised. Never change medicines, insulin, food restriction or emergency decisions solely from a wellness device or this chapter.

Stop or simplify tracking if it makes you more anxious, rigid, guilty, likely to compensate, afraid of ordinary food, or unable to trust your own symptoms and functioning. Speak with an appropriately qualified professional if distress or restrictive behaviour persists.

Four weekly lenses

Week 1 — Question: What decision is the metric for?

Week 2 — Method: What is measured, and what is estimated?

Week 3 — Cost: What attention, anxiety or money does it consume?

Week 4 — Choice: Keep, simplify, discuss or stop?

THIS WEEK'S QUIET IDEA

Compare like with like

A trend is easier to read when device, method, timing and context are reasonably consistent.

My experiment

Choose one metric and write the conditions that affect it. Compare only readings collected in a similar way.

My backup

Stop comparing and keep the raw observation only.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

How much variation looked like context rather than change?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Use the device as a cue, not a judge

Consumer steps, sleep stages, energy expenditure, stress and recovery scores are estimates shaped by hardware and algorithms.

My experiment

Choose one device number. Write one useful cue it can provide and one conclusion it cannot support.

My backup

Turn off one nonessential alert for the week.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Did the device increase agency or obedience?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

A glucose curve is not a diagnosis

CGM measures interstitial glucose and is central to care for many people with diabetes. It does not replace laboratory diagnosis, and evidence for routine use in adults without diabetes remains uncertain.

My experiment

If you use CGM, write the exact question, clinical context and stop rule before interpreting a food or a "spike."

My backup

Read the device limits and discuss unexpected readings with an appropriate professional.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What did the device genuinely answer—and what remains unknown?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Decide what not to track

More data is not automatically more understanding. Tracking that increases anxiety, rigidity, guilt or compensation has a cost.

My experiment

Keep, simplify, pause or stop one metric according to whether it changes a useful action.

My backup

Move the app or device out of immediate view for one day.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What did you gain when one number became quieter?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

Month Eleven review

OPTIONAL COMPANION

Devices explained
healthspan.mu/go/devices
QR ref Q012

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 11

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

The metric I understand more honestly is: .....

The uncertainty I had been overlooking was: .....

One alert, score or measurement I simplified was: .....

One lived experience I want to notice alongside data is: .....

Source notes

- [31] systematic review of wrist-wearable activity trackers. Accuracy varies and does not establish clinical benefit.
- [19] systematic review of selected consumer sleep devices against polysomnography; findings are device- and algorithm-specific.
- [24] American Diabetes Association diabetes-technology standards; evidence in diabetes must not be silently extrapolated to adults without diabetes.
- [23] ADA diagnosis and classification standards; clinical and laboratory pathway, not consumer CGM diagnosis.
- [22] NICE adult central-adiposity guidance; optional rough context with exclusions, not a diagnosis.
- [35] systematic review and critical appraisal of routine-indicator ageing clocks; substantial validation and applicability concerns.
- [34] US FDA general-wellness device policy; regulatory position is not proof of accuracy and is not Mauritius law.

12

MONTH 12 · WEEKS 48–52

Keep what helps

Read with curiosity. Choose one safe experiment. Keep only what serves your life.

The chapter comes first. Your 5 weekly systems follow. The month review waits until the end.

Keep what helps

A year is not a verdict

You may reach this page with a book full of ink, folded reports and worn corners. You may reach it after missing weeks. Perhaps the year brought progress you can feel. Perhaps it brought illness, grief, upheaval or responsibilities that changed every plan. Perhaps you are beginning again today.

An undated year in Mauritius may have passed through cyclone warnings, heat, celebrations, fasting or feasting traditions, travel, school terms, changing work and family responsibilities. Context changes what was possible. Review the year you actually had—not an imaginary year with perfect weather, time, access and energy.

None of those versions makes the year meaningless.

A private health diary is valuable when it helps you remember what happened, notice what supported life, ask for care, and choose a kinder next step. Its value is not the percentage of boxes completed. Completion does not prove lower disease risk. Gaps do not prove failure. An honest blank can say, *life was full here*.

This final month is an editorial process. You will not "optimise" the whole person. You will decide what to keep, what to simplify, what to discuss and what to release.

> **The sentence to keep:** Carry the learning, not the pressure.

Look for lived evidence

The evidence in this book comes from guidelines, population studies and systematic research. Your diary contains a different kind of evidence: personal observation. It cannot establish medical cause and effect, but it can reveal patterns worth respecting or discussing.

Look beyond outcomes you can count. Ask:

- What became easier in daily life?
- When did I feel more like myself?
- What did I do on hard days that helped a little?
- Which tiny action survived changing circumstances?

- What did I learn about sleep, movement, food, mind, connection and recovery?
- Which number clarified a decision, and which one created noise?
- Where did care, medicine or another person make the difference?
- What belief about health became more generous or more accurate?

Be careful with neat stories. If several things changed at once, you may not know which one caused an improvement. If a practice helped for two weeks, it may not work forever. If a symptom improved, do not assume a condition has resolved without appropriate follow-up. Personal observation is a guide for the next question, not a substitute for diagnosis.

Use four verbs

Keep

Keep what is useful, workable and safe. A practice deserves to remain because it fits your life—not because you are afraid to stop.

Simplify

Reduce frequency, effort or complexity. A ten-minute walk may survive where a perfect programme does not. A weekly review may serve you better than seven scores.

Discuss

Move uncertainty to a human conversation. Bring the pattern, your questions, medicines and context. “I do not know what this means” is a strong opening sentence.

Stop

Release what is unsafe, burdensome, commercially pressuring, shame-producing or no longer connected to what matters. Stopping an unhelpful practice is a health decision too.

Deep writing exercise — Read the year as a whole

1. Twelve moments

Choose one honest memory from each month. It may relate to health or simply to being alive.

Month	A moment I want to remember	What it tells me now
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

2. The five-pillar reflection

Pillar	What supported me	What made it harder	What I want next
Sleep			
Movement and exercise			
Food and nutrition			
Mind, cognition and connection			
Stress and recovery			

3. Care & Context

A care loop I closed: .....

A medicine, screening or follow-up question still open: .....

A person or service that helped: .....

A barrier that needs more than willpower: .....

4. Keep, simplify, discuss, stop

Keep	Simplify	Discuss	Stop

5. What I protected

Return to the ability, person, role or value you named at the beginning.

At the start I wanted to protect: .....

This year changed my understanding because: .....

What matters now: .....

This month's safe experiment — Fourteen days of less, but better

For two weeks, choose **one** practice to keep and **one** source of friction to remove.

The practice should be small, safe and connected to what matters. The friction might be an unnecessary alert, an unrealistic standard, a badly timed cue, a piece of equipment left out of reach, a task no one knows you need help with, or a goal that belongs to someone else.

The one practice I will keep: .....

The cue and easiest version: .....

The friction I will remove or reduce: .....

The person or environmental support involved: .....

My stop rule: .....

At day 14, ask only:

- Was the practice useful?
- Was it workable on an ordinary day?
- Did it support what matters without causing harm?
- Keep, simplify, discuss or stop?

Use the paper keep, shrink, change or stop reflection in this review.

Shape the next 90 days

Ninety days is long enough to learn and short enough to revise. It is not a promise to transform long-term risk.

On the paper plan below, choose one priority. Include:

- the ability or value it serves;
- the smallest action;
- the cue and place;
- the likely barrier;
- an easier backup;
- a stop rule;
- what you will observe; and
- a review date.

If confidence is low, make the action smaller or change the plan. Do not respond by increasing pressure.

Stop, pause or seek help

Do not use the end of a diary to decide that symptoms, medicines or follow-up no longer matter. Continue prescribed care unless an appropriate clinician changes it. Arrange care for persistent or concerning symptoms and for unresolved items you identified this year.

For a possible emergency—chest pressure or pain, stroke signs, severe trouble breathing, collapse, seizure, severe allergic reaction, uncontrolled bleeding or immediate danger of self-harm—use the emergency instructions near the front of this book. Do not drive yourself. [1] [2]

If reviewing the year produces intense shame, grief, food or exercise restriction, repeated checking or a sense that you cannot cope, pause. Close the book. Contact a trusted person or appropriate professional. Your wellbeing matters more than finishing the exercise.

Four weekly lenses

Week 1 — Remember: What happened, without editing out the difficult parts?

Week 2 — Discern: What helped, what merely coincided, and what remains uncertain?

Week 3 — Release: What pressure, score or practice can I stop carrying?

Week 4 — Continue: What is the smallest worthwhile next step?

THIS WEEK'S QUIET IDEA

Look for evidence in your own life

Your notes cannot prove a medical effect, but they can show whether an action fit, what it cost and what made it easier.

My experiment

Choose one experiment from the year and review context, effort, benefit, burden and uncertainty.

My backup

Review one ordinary week rather than the whole year.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What is worth keeping because it served your life?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Keep, simplify, discuss or stop

Ending an unhelpful practice can be progress. Continuation is not the only successful outcome.

My experiment

Place one action or metric where it belongs: keep, simplify, discuss or stop.

My backup

Choose only one "stop" or "do less" decision.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What space did a stop decision create?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Write the restart before you need it

Illness, travel, work, caregiving, grief and ordinary life interrupt routines. A restart plan keeps interruption from becoming identity.

My experiment

Complete: "When I have been away from this, I will restart with ____, not with punishment."

My backup

Your restart can be opening the diary and writing one honest sentence.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What makes return feel kind and specific?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Carry questions into care

The year's most valuable output may be a clearer story: what changed, what persisted, what worries you and what you want help deciding.

My experiment

Create a short care-conversation list from your notes and reports. Share only what you choose.

My backup

Write the single question you most want answered.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

Which page would help a professional understand you faster?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THIS WEEK'S QUIET IDEA

Write to the person beginning again

A year does not need a dramatic transformation to contain useful change. Attention, honesty and a safer next step are real outcomes.

My experiment

Write a letter to your future self: what mattered, what surprised you, what you are proud to have noticed and what deserves support next.

My backup

Write three lines: remember, release, continue.

This matters to me because…

I will know I tried when…

Monday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Tuesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Wednesday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Thursday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Friday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Saturday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

Sunday

Date _____

Feeling, moment or memory _____

My tiny action _____

What I noticed _____

NO JUDGEMENT. BEGIN AGAIN.

What will you carry into the next 90 days?

What helped? _____

What got in the way? _____

Keep _____ **Change** _____ **Stop** _____

My kindest next step _____

THE DAY THAT BELONGS TO YOU

One day does not need to summarise a year.

Notice this day as it is. Keep one detail. Let the rest remain unfinished.

One ordinary detail I want to remember

What surprised me

What I carry forward

How I feel today

No score. No verdict. A life is larger than a completed page.

BETWEEN VOLUMES

Keep what helps. Begin again when you are ready.

> You do not owe the next page a perfect version of yourself.

Date I closed this volume

The sentence I want to carry with me

A person, place or conversation I want near the next beginning

Notes for another beginning

Month Twelve review

OPTIONAL COMPANION

Year review
`healthspan.mu/go/year-review`
QR ref Q013

THE SAME GENTLE QUESTIONS, EVERY MONTH — Month 12

My monthly promise check-in

Compare with curiosity, not judgement. Leave any field blank. In Month 1, use "previous promise" for what mattered before you opened this book.

My previous promise

What actually happened—including circumstances, support and barriers

Keep	Shrink	Change	Stop

Five-pillar pulse

For each, circle one: **supported / mixed / needs care / not checking**

Sleep	Movement	Food	Mind & connection	Stress & recovery

My next kind promise—and its easier backup

If a digital worksheet would help, find it later in the single companion hub at the back.

The memory I most want to keep is: .....

The practice that earned a place in my life is: .....

The pressure I am ready to put down is: .....

The care conversation I will not postpone is: .....

My next 90-day intention, in one sentence: .....

Complete the expanded paper year review and letter-to-self worksheet. If you choose another volume, let it be a continuation of curiosity—not a demand to become a different person.

Source notes

- [10] COM-B framework for capability, opportunity and motivation. A planning lens, not a diagnosis.
- [11] meta-analysis of if–then planning. Effects vary; planning does not remove structural barriers.
- [12] meta-review of self-regulatory behaviour-change techniques; no single technique was consistently effective across heterogeneous reviews.
- [7] current Mauritius screening information for unresolved care conversations.
- [8] Mauritius health-information context; companion tools should default to private, minimal and anonymous use.
- [1] and [2] government emergency sources; verify immediately before print and quarterly online.

Continue to the Year Review and back matter.

Your Healthspan

A private year of small steps, honest notes and healthier days

Volume One · Back matter

Your year review

Begin with kindness, not accounting

This review is not an exam. It will not calculate how “healthy” you were, whether you used the book correctly or how many years you may live. Its purpose is to help you recover the story of the year: the moments you want to remember, the conditions that supported you, the care you received, the questions still open and the next step worth carrying.

You can complete the pages in one sitting, over several days or not at all. You may leave any prompt blank. If reviewing food, weight, exercise, mood or health measurements increases anxiety, guilt, restriction, compensation or repeated checking, pause and use the non-measurement prompts only.

For a possible medical emergency or immediate danger of self-harm, stop the review and use the emergency instructions near the front of this book. Do not drive yourself. Contacts must be verified before each print run and at least quarterly online. [1] [2]

> **There is no penalty for blank pages. An honest year includes what could not be recorded.**

Worksheet 1 — The year in twelve moments

Choose one moment from each month. It may be joyful, painful, ordinary or unfinished. It does not have to be about health.

Month	The moment	What I felt or understood then	What I see now
1			
2			
3			
4			

Month	The moment	What I felt or understood then	What I see now
5			
6			
7			
8			
9			
10			
11			
12			

The moment I most want to remember is:

The moment that changed me quietly is:

Worksheet 2 — Return to what mattered

At the beginning of this volume, you named an ability, role, relationship or value you wanted to protect.

What I wanted to protect:

Why it mattered then:

What it means to me now:

A time this year when I lived in alignment with it:

A time circumstances made it difficult:

What support—not pressure—would help me protect it next:

Worksheet 3 — The five-pillar compass

This is a description, not a score. Do not rank the pillars or combine them into a grade.

Sleep

What supported rest or regularity? .....

What made sleep harder? .....

What symptom or question belongs in a care conversation? .....

One small practice worth keeping, changing or releasing: .....

Movement and exercise

What helped me move, build strength or sit less? .....

What changed in capacity, access, pain, confidence or enjoyment? .....

What needs adaptation or professional input? .....

One small practice worth keeping, changing or releasing: .....

Food and nutrition

What meals, people or conditions supported nourishment? .....

What did cost, access, culture, symptoms or time make difficult? .....

What needs individual clinical or dietetic advice? .....

One small practice worth keeping, changing or releasing: .....

Mind, cognition and connection

When did my mind feel most available? .....

Where did I feel seen, useful, safe or able to receive? .....

What change in mood, memory, concentration or function deserves discussion? .....

One small practice worth keeping, changing or releasing: .....

Stress and recovery

What were my earliest signs of overload? .....

What recovery was genuinely available? .....

Which load needs practical, professional or shared support? .....

One small practice worth keeping, changing or releasing: .....

Worksheet 4 — Care & Context

Health foundations and clinical care work together. Use this page to find unfinished loops, not to create your own diagnosis or screening schedule.

Care area	What happened this year	Follow-up instruction or open question	My next action
Primary/NCD care			
Blood pressure, glucose or lipids			
Medicines and supplements			
Oral health			
Vision, hearing or balance			
Mental wellbeing			
Tobacco, nicotine or alcohol support			
Other care			

A loop I closed: .....

A loop I will not postpone: .....

The access barrier I need help solving: .....

Use the one-page health story, medicines sheet and Care & Context table already printed in this book to prepare a conversation. Do not stop medicines or change treatment because of this review.

Worksheet 5 — People, places and support

Someone who made the year more possible:

A person I was able to support:

A place, group, practice, language or tradition that helped me feel connected:

A relationship or responsibility that needs a clearer boundary:

A form of practical or emotional help I am ready to request:

The first sentence I can use:

Use the space above as a private support map. Connection should respect consent and safety; contact is not automatically healthy because it is familiar.

Worksheet 6 — What the numbers did and did not tell me

Measurement or device	The question I hoped it would answer	What it helped me understand	What remained uncertain	Keep, simplify, discuss or stop?

A number that clarified a decision: .....

A score or alert that created more noise than value: .....

A symptom, feeling or function that mattered more than the device: .....

A pattern I will take to appropriate care: .....

Remember: a personal pattern can generate a useful question. It does not by itself establish medical cause and effect.

Worksheet 7 — Keep, simplify, discuss, stop

Keep	Simplify	Discuss	Stop
Useful, workable and safe	Reduce frequency, effort or complexity	Move uncertainty to a human conversation	Release what is unsafe, distressing or no longer useful

What surprised me about this page:

Repeat the Foundations Snapshot— without chasing a better result

If it feels useful, repeat the paper Foundations Snapshot near the beginning of this book. It reflects each foundation separately and lets you choose a priority. It does not compare you with your earlier answers, calculate a total, estimate disease risk or produce an age. You may instead reread your first reflection and write in your own words.

What is already supporting me now:

What feels most worth protecting:

What is worth discussing with a professional:

What I choose not to measure:

Your next 90 days

One experiment, not a total reinvention

Ninety days is a review horizon, not a promise to transform long-term risk. Choose one priority. If several things matter, ask which small action would make ordinary life a little more workable or protect what matters most.

Complete the paper 90-day worksheet on the pages here.

What matters

The ability, person, role or value this plan serves:

Why now:

The smallest action

After ..... [cue],

I will ..... [action],

at/in ..... [place],

on ..... [days].

The easiest safe version is:

Capability, opportunity and motivation

What skill, knowledge or physical capacity does the action require?

What time, place, access, money, equipment or person makes it possible?

Why do I want this—and what competing need is also real?

Barriers and backup

The barrier most likely to appear:

If .....,

then I will .....

If the whole plan becomes unrealistic, I give myself permission to:

What I will observe

Choose the smallest observation that can inform the question. You do not need a device.

Stop rule

I will pause, adapt or seek advice if:

Review dates

Seven-day check: ..... **Thirty-day review:** .....

Ninety-day review: ..... **Person to involve, if any:** .....

At review, choose: **keep · simplify · discuss · stop**.

A letter to my future self

Date written: ..... Date to open: .....

Dear future me,

This is what life feels like as I finish Volume One:

Something difficult I carried was:

Something beautiful, funny or ordinary I do not want us to forget was:

The way I showed courage or care—especially when no one saw—was:

What I learned about my body, mind and circumstances was:

The person or people I am grateful for are:

What I hope you have kept is:

What I hope you have put down is:

If the next season became difficult, I hope you remembered:

One question I have for you is:

With honesty and kindness,

Keep and carry your pages

Paper first

Every reflection, record and planning exercise needed for this programme is printed in the book. A digital companion may make selected pages easier to repeat or print, but it is never required and never replaces appropriate human care.

The single companion hub

One QR at the very back opens the optional companion hub. From that one place you can repeat the Foundations Snapshot, build a foldable private report, find selected worksheets, review privacy information, check sources or report a content concern. Individual web routes are deliberately not repeated here.

Your entries should stay in your browser by default. A general tool should not require a name, email address, phone number, account or marketing consent. A printed QR must never contain your health answers.

Make the foldable Snapshot report

1. Open the Foundations Snapshot from the companion hub, complete only what feels useful and choose your own priority and small action.
2. Read the privacy and edition note before entering anything sensitive.
3. Use initials or leave identity fields blank unless *you* need them on a care copy.
4. Choose the report option, explicitly load the saved Snapshot, preview it and remove any detail you do not want on paper.
5. Print single-sided on A4 at actual size/100%. Do not use “booklet” mode.
6. Fold once along the marked centre line with the title, date and urgent-help footer visible.
7. Write the report date and book page on the outer panel if helpful.

Printer dialogs vary. Check the preview before printing. If the fold line, safety footer or text is clipped, do not rely on the copy; return to the preview and follow the tool’s print instructions.

Store it privately

- Place the folded report in the rear pocket if your edition has one.
- If using a marked attachment page, use a small removable paper-safe strip at the indicated edge. Do not glue across the spine or writing area.
- Do not carry a report in the book if loss of the book would expose information you need to keep private.
- Share a report only by your choice. Review it first; it may contain health information.
- Shred or securely dispose of unwanted copies.
- Clear the browser copy after printing if you no longer want it on the device. For another optional worksheet, check the browser preview; only the Snapshot report is designed to fold to one A5 insert.

If the hub is unavailable, the paper worksheet remains complete. Never substitute an unrelated sales page for a missing health resource.

Quick finder

I want to…	Paper starting point	Move to human help when…
Find emergency or urgent guidance	Emergency box near the front	There may be immediate danger or a concerning acute change
Reflect across all foundations	Starting reflection or year review	Symptoms, safety or functioning need assessment
Prepare my health story, medicine list or screening questions	Front worksheets and Care & Context	You need diagnosis, treatment or individual screening advice
Measure blood pressure more reliably	Month 7	Readings repeat as concerning or occur with symptoms
Plan movement or a safer strength version	Months 3–4	Activity causes chest pressure, fainting, instability or unusual severe breathlessness
Rethink one familiar meal	Month 5	Pregnancy, frailty, eating-disorder history, kidney/liver disease or medicines require tailoring
Observe sleep	Month 6	Dangerous sleepiness, witnessed pauses/gasping or persistent insomnia occurs
Explore stress, mood, memory or connection	Months 8–9	Change is sudden, distress affects safety or function, or coercion or abuse is present
Review medicines and supplements	Month 10	A reaction, interaction concern or treatment decision needs a qualified professional
Understand a device, CGM or optional adult BMI calculation	Month 11	Symptoms or repeated unexpected patterns need clinical confirmation, or tracking causes distress
Review a goal and shape the next 90 days	Month 12 and this back matter	The plan is unsafe, symptoms change or a structural barrier needs outside support
Check sources or report a content concern	Evidence and edition pages	A source cannot answer an individual medical question or a suspected safety error needs prompt attention

Glossary

Association — Two things occur together more or less often than expected. Association alone does not prove that one caused the other.

Baseline — A starting observation used for later context. It is not a permanent identity or a promise about the future.

Blood pressure — The pressure of circulating blood against artery walls, recorded as systolic and diastolic values. Technique, context and repeated patterns matter.

BMI (body mass index) — Weight in kilograms divided by height in metres squared. A limited population-derived screening measure, not a direct measure of body fat, fitness, function or worth.

Care conversation — A prepared discussion with an appropriately qualified professional about symptoms, history, measurements, medicines, options or follow-up.

CGM (continuous glucose monitor) — A sensor that estimates glucose in interstitial fluid over time. It has established roles in diabetes care but does not diagnose diabetes in this diary.

Clinical outcome — An outcome meaningful to health or function, such as illness, hospitalisation, symptoms or ability. It differs from a surrogate measurement that may or may not predict it.

Confounding — A third factor helps explain an apparent relationship between two other things.

Contraindication — A reason an activity, medicine or intervention may be unsuitable or require specialist advice.

Diagnosis — Identification of a health condition through an appropriate professional process. A diary prompt, wearable, consumer score or one screening result is not a diagnosis.

Evidence strength — A judgement about how confidently evidence supports a statement, considering study design, consistency, directness, bias and relevance.

Healthspan — Years lived with function and wellbeing. In this book it is a direction for care and action, not an individual lifespan calculation.

HRV (heart-rate variability) — Variation in time between heartbeats. Consumer estimates are device- and context-dependent and do not provide a universal readiness or stress prescription.

Implementation intention — An if–then plan linking a cue to an action. It can support behaviour change but does not remove structural barriers.

NCD (non-communicable disease) — A broad term for conditions not passed directly from person to person, including cardiovascular disease, diabetes, cancer and chronic respiratory disease.

Population guidance — Advice developed for a defined group. It may need adaptation for an individual's health, life stage and circumstances.

Risk factor — A characteristic associated with the chance of an outcome. Having one does not mean the outcome is certain; lacking one does not rule it out.

Screening — A process used in people who may not have symptoms to identify who may benefit from further assessment. Screening is not the same as diagnosis.

Signal — A pattern relevant to a defined question, distinguished—imperfectly—from measurement noise and normal variation.

Surrogate outcome — A measurement used in place of a direct health outcome. Improvement in a surrogate does not automatically mean a person feels better or lives longer.

Systematic review — A structured attempt to find, assess and synthesise relevant studies using predefined methods. Its conclusions are only as strong and applicable as the included evidence.

Trend — A pattern across repeated observations. A trend can still reflect changing technique, device or context and does not automatically show cause.

Validated device — A device tested against an accepted reference using a recognised protocol for a defined use and population. "Wellness" status or sale in a shop is not validation.

Wearable estimate — A value produced from sensors and an algorithm in a worn device. It may be useful for selected trends but should not be treated as clinical truth.

Core evidence notes and bibliography

How these notes work

The bracketed IDs throughout the manuscript point to the stable source registry used for Volume One. They are editorial identifiers, not rankings. The direct source, applicability, cautions and last-reviewed date are retained with each entry below and in the edition change notes.

The evidence cut-off for this manuscript is **13 July 2026**. A later edition may reach a different conclusion as evidence, guidance or Mauritius services change. The list is deliberately weighted toward Mauritius first-party sources, major public-health and clinical guidance, and systematic evidence. It is not a complete medical bibliography and cannot answer an individual care question.

Internal evidence language follows four broad levels:

- **Established:** current major guidance or a consistent high-quality body of evidence applicable to the statement.
- **Supported:** credible evidence with limitations that should remain visible.
- **Emerging:** early, inconsistent, surrogate-based or uncertain evidence; suitable for explaining uncertainty, not a firm prescription.
- **Excluded from recommendations:** inadequate, contradicted or purely promotional support.

The level applies to a specific statement and population—not to an entire topic forever.

Mauritius burden, policy, care and safety

[3]

Mauritius Ministry of Health and Wellness. *Mauritius Non-Communicable Diseases Survey 2021*. Published 2022. Primary local population source. Every statistic should retain the age group, year, standardisation and survey definition. Population prevalence does not diagnose an individual. https://health.govmu.org/health/wp-content/uploads/2023/03/Mauritius-Non-Communicable-Diseases-Survey-2021.pdf

[4]

Mauritius Ministry of Health and Wellness. *Mauritius Nutrition Survey 2022*. Local nutrition context used to shape culturally relevant examples, not to prescribe one diet to every reader.
https://health.govmu.org/health/wp-content/uploads/2024/07/Mauritius-Nutrition-Survey-2022.pdf

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Mauritius Ministry of Health and Wellness. *National Integrated NCD Action Plan 2023–2028*. Local policy anchor for prevention and early detection. Check for a successor plan before a new edition.
https://health.govmu.org/health/wp-content/uploads/2024/06/National-Integrated-NCD-Action-Plan-2023-2028.pdf

[6]

Mauritius Ministry of Health and Wellness. *National Service Framework for Non-Communicable Diseases 2023–2028*. Local care and referral context. Operational details require confirmation because services change.
https://health.govmu.org/health/wp-content/uploads/2024/06/National-Service-Framework-for-NCDS-2023-2028.pdf

[7]

Mauritius Ministry of Health and Wellness. *Early detection and NCD screening services*. First-party entry point for current screening information. Confirm locations, eligibility and opening arrangements directly before travel.
https://health.govmu.org/health/?page_id=7243

[1]

Government Information Service, Mauritius. Government notice used to verify the primary medical-emergency contact printed near the front. The contact must still be manually confirmed before every print run and at least quarterly online.
https://gis.govmu.org/gis/?id=1035&page_id=4008

[2]

Government of Mauritius portal used to cross-check the backup emergency contacts printed near the front. Portal content can change; manual confirmation is a release requirement.
https://www.govmu.org/EN/Pages/default.aspx

[8]

Mauritius Data Protection Office. *Data Protection Act 2017*. Legal context for sensitive health information, transparency, consent and rights. This manuscript's data notes are product principles, not legal advice.
https://dataprotection.govmu.org/Documents/The%20Law/Act%20No.%2020%20-%20The%20Data%20Protection%20Act%202017.pdf

Healthy ageing and behaviour change

[9]

World Health Organization. *Integrated care for older people: community-level interventions to manage declines in intrinsic capacity*. 2017. Supports a capacity-based view of healthy ageing. A clinical framework, not a consumer age score.
https://www.who.int/publications/i/item/9789241550109

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Michie S, van Stralen MM, West R. *The behaviour change wheel: a new method for characterising and designing behaviour change interventions*. *Implementation Science*. 2011;6:42. Used to consider capability, opportunity and motivation without blaming the person.
https://doi.org/10.1186/1748-5908-6-42

[11]

Gollwitzer PM, Sheeran P. *Implementation intentions and goal achievement: a meta-analysis*. 2006. Supports if–then planning, while effects vary and plans do not remove structural barriers.
https://doi.org/10.1016/S0065-2601(06)38002-1

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Spring B and colleagues. *Self-regulatory behaviour change techniques in interventions to promote healthy eating, physical activity, or weight loss: a meta-review*. 2021. Important caution: no single technique was consistently effective across heterogeneous reviews.
https://doi.org/10.1080/17437199.2020.1721310

Movement, strength and function

[13]

World Health Organization. *WHO guidelines on physical activity and sedentary behaviour*. 2020. Adult aerobic, strengthening and older-adult multicomponent guidance. Adaptation may be needed for disability, pregnancy/postpartum, chronic conditions and current capacity.
https://www.who.int/publications/i/item/9789240015128

[14]

US Centers for Disease Control and Prevention. *30-Second Chair Stand assessment*. A clinician-oriented functional check that may support a supervised fall-risk conversation. It is not a universal fitness-age test.
https://www.cdc.gov/steadi/media/pdfs/steadi-assessment-30sec-508.pdf

[15]

Cruz-Jentoft AJ and colleagues. *Sarcopenia: revised European consensus on definition and diagnosis*. 2019. Clinical context for strength and function measurement. Do not convert clinical cut-offs or one grip result into a longevity label.
https://doi.org/10.1093/ageing/afy169

Food and nutrition

[16]

World Health Organization. *Healthy diet*. Updated 2026. Current principles and adult reference points for adequacy, balance, moderation and diversity. Translate into accessible Mauritian patterns rather than requiring calorie or gram counting.
https://www.who.int/news-room/fact-sheets/detail/healthy-diet

[17]

World Health Organization. *Use of lower-sodium salt substitutes*. 2025. The recommendation has exclusions, including people with impaired potassium excretion, and is not for children or pregnancy. Kidney and medicine context matters.
https://www.who.int/publications/i/item/9789240105591

Sleep

[18]

Watson NF and colleagues. *Recommended amount of sleep for a healthy adult: joint consensus statement*. 2015. Supports regularly obtaining at least seven hours for healthy adults; need varies and duration is only one sleep dimension.
https://doi.org/10.5664/jcsm.4758

[19]

Systematic review of selected consumer sleep devices against polysomnography. Findings illustrate device and algorithm limitations; they do not validate every brand or permit diagnosis from sleep-stage estimates.
https://doi.org/10.2196/52192

Cardiometabolic measurements and care

[20]

US Centers for Disease Control and Prevention. *Measuring your blood pressure*. Updated 2026. Plain-language home technique. A single home result does not establish a diagnosis or justify a medicine change.
https://www.cdc.gov/high-blood-pressure/measure/index.html

[21]

STRIDE BP. *Validated blood pressure monitors*. Independent device-list resource. Confirm the exact model and cuff size; local availability differs.
https://www.stridebp.org/bp-monitors/

[22]

National Institute for Health and Care Excellence. *Overweight and obesity management: identifying and assessing central adiposity*. Updated 2026. Context for optional adult waist-to-height assessment in a suitable population. Not a diagnosis, identity or body-age measure.
https://www.nice.org.uk/guidance/ng246/chapter/Identifying-and-assessing-overweight-obesity-and-central-adiposity

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American Diabetes Association Professional Practice Committee. *Diagnosis and classification of diabetes: Standards of Care in Diabetes—2026*. Clinical and laboratory diagnostic context. US guidance requires Mauritius clinical interpretation, and consumer CGM is not the diagnostic pathway.
https://diabetesjournals.org/care/article/49/Supplement_1/S27/163926/2-Diagnosis-and-Classification-of-Diabetes

[24]

American Diabetes Association Professional Practice Committee. *Diabetes technology: Standards of Care in Diabetes—2026*. Supports clinically indicated diabetes technology. Evidence in diabetes does not establish population screening or long-term benefit for adults without diabetes.
https://diabetesjournals.org/care/article/49/Supplement_1/S150/163922/7-Diabetes-Technology-Standards-of-Care-in

Mental wellbeing, connection and exposures

[25]

World Health Organization. *Stress*. Updated 2026. General education, coping and help-seeking. A workbook check-in cannot identify or rule out a mental-health condition.
https://www.who.int/news-room/questions-and-answers/item/stress

[26]

World Health Organization. *Mental well-being resources for the public*. Practical self-help resources. They do not replace urgent or professional care where safety or functioning is affected.
https://www.who.int/news-room/feature-stories/mental-well-being-resources-for-the-public/

[27]

World Health Organization. *Social isolation and loneliness*. Evidence context for social health. Being alone is not the same as loneliness, and observational associations do not justify a precise individual lifespan claim.
https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness

[28]

World Health Organization. *WHO clinical treatment guideline for tobacco cessation in adults*. 2024. Evidence-based adult cessation support. Mauritius medicine and service availability requires local confirmation.
https://www.who.int/publications/i/item/9789240096431

[29]

World Health Organization. *Alcohol*. 2024. Public-health context for lower-exposure messaging. Possible dependence or withdrawal needs clinical support rather than an abrupt-change challenge.
https://www.who.int/news-room/fact-sheets/detail/alcohol

[30]

World Health Organization. *Oral health*. Updated 2025. Supports including oral health in function and prevention. Individual treatment and recall intervals belong with an oral-health professional.
https://www.who.int/news-room/fact-sheets/detail/oral-health

Devices, supplements and emerging measures

[31]

Fuller D and colleagues. *Accuracy and acceptability of wrist-wearable activity-tracking devices: systematic review*. 2022. Accuracy varies by device, metric, placement, activity and population; accuracy alone does not establish clinical benefit.
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[32]

US Preventive Services Task Force. *Vitamin, mineral, and multivitamin supplementation to prevent cardiovascular disease and cancer*. 2022. Applies to defined preventive questions, not treatment of deficiency, pregnancy needs or every individual indication.
https://www.uspreventiveservicestaskforce.org/uspstf/document/final-recommendation-statement/vitamin-supplementation-to-prevent-cvd-and-cancer-preventive-medication

[33]

US National Institutes of Health Office of Dietary Supplements. *Dietary supplements: what you need to know*. Consumer reference on labels, interactions and professional review. US regulation is explanatory, not Mauritius law. https://ods.od.nih.gov/factsheets/WYNTK-Consumer/

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US Food and Drug Administration. *General wellness: policy for low risk devices*. Updated 2026. A US regulatory framework, not evidence of device accuracy, usefulness or compliance with Mauritius law. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/general-wellness-policy-low-risk-devices

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Zhang J and colleagues. *Are aging clocks based on routine clinical indicators trustworthy and applicable? A systematic review and critical appraisal*. 2026. Identifies substantial heterogeneity, validation and applicability concerns. Does not support an individual consumer age output or treatment decision. https://doi.org/10.1093/gerona/glag032

Rights and use of sources

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Edition, corrections and transparency

Edition record

Title: *Your Healthspan*
Subtitle: *A private year of small steps, honest notes and healthier days*
Edition: First edition, Volume One, undated 52-week edition
Manuscript version: 2026.1
Evidence cut-off: 13 July 2026
Primary context: Adults in Mauritius
Corrections: `healthspan.mu/go/corrections`
Evidence and change notes: `healthspan.mu/go/evidence`

This manuscript does not invent a publication date, ISBN, legal publisher identity, reviewer name, credential or approval. Those details must be inserted only after assignment, verification and written sign-off. The released edition should state its actual print date, ISBN, publisher/legal entity, edition number and production location here.

How corrections are handled

Health guidance, services and links change. A correction record should identify:

- the volume, version, page or companion tool;
- the earlier wording;
- the corrected wording;
- why the change was made;
- the evidence or service source;
- the effective date; and
- whether a safety notice or reprint action is required.

Material safety corrections should be published promptly. Earlier wording should remain visible in the change history so that readers can understand what changed. Emergency contacts are checked separately immediately before every print run and at least quarterly online.

To report a possible error, use the Corrections address in the Edition record above. Do not include more personal health information than is needed to identify the content concern. The corrections channel is not an emergency or clinical-advice service.

Source and clinical-review transparency

This manuscript was built from the dated evidence registry summarised above. A source review is not the same as clinical approval for publication. Before commercial release, the final copy, assessment logic, exercise instructions, nutrition safeguards, medicine language, emergency pathways and Mauritius service information require documented review by appropriately qualified people acting within their actual scope.

The released edition should list only completed reviews, with the reviewer's consent:

Review area	What the released edition must disclose
Mauritius clinical and public-health safety	Reviewer's name, relevant current registration/role, scope reviewed and date
Pharmacy and supplement safety	Reviewer's name, role, scope reviewed and date
Nutrition and Mauritian food context	Reviewer's name, qualification/role, scope reviewed and date
Exercise and accessibility	Reviewer's name, qualification/role, scope reviewed and date
Mental-health and crisis pathways	Reviewer's name, qualification/role, scope reviewed and date
Data protection and security	Responsible reviewer/office, scope reviewed and date
EN/FR/Kreol language editions	Translator/reconciler role, language, scope and date

At manuscript stage, **no completed named clinical approval is claimed**. A released edition must not imply professional approval unless the named person, scope, date and documentation support that exact statement.

Commercial-interest statement

Healthspan may offer health-related products or services. That creates a financial interest wherever a product is mentioned. Diary answers must not produce a paid product match. Safety and care guidance come first, urgent pathways contain no

shopping prompts, and general tools remain usable without a purchase or marketing consent. Any later optional product section must disclose Healthspan's interest beside the recommendation and state the limits of the supporting evidence.

Medical and audience notice

This book provides general education and private reflection tools for adults. It does not account for a reader's full history, examination, medicines, tests or circumstances and does not provide diagnosis or personal treatment. Do not start, stop or change a medicine, supplement or treatment because of the book.

People under 18, pregnant or breastfeeding people, people in the postpartum period, people living with frailty, an active eating disorder or an unstable condition, and anyone recently admitted to hospital may need a separately reviewed pathway before using exercise, fasting, weight or measurement activities.

Privacy notice for a paper diary

This book may contain sensitive memories and health information. Choose where to keep it, what identifying detail to write and whether to carry foldable reports. A person who finds the book may be able to read it. Paper has no password; a private place is a meaningful safeguard.

Companion tools should default to anonymous, local use. Health answers must not be placed in QR addresses, analytics, advertising systems, URLs or automated messages. Saving or sharing should occur only after clear information and an affirmative reader choice.

About Healthspan

Healthspan created Volume One around a simple aspiration: help people in Mauritius build more years with function, connection and wellbeing through small, evidence-informed actions and better care conversations.

The brand's **+10 healthy years** mission is a direction, not an individual promise. This diary cannot predict that a reader will gain ten years, and completing it does not prove a change in lifespan or disease risk.

Healthspan's role in these pages is to make careful general evidence useful: to help a reader notice, understand in context, choose one action, record what happened and involve an appropriate human when needed. The book is designed to remain useful without a device, supplement, account or purchase.

Volume One is intentionally undated. A reader can begin on any meaningful day. A later volume may continue the practice, but it must receive its own evidence, safety, privacy and edition review rather than inheriting approval from this one.

Useful notes

Care questions to remember

Date/context: .....

Changes since my last conversation

Symptoms, function, sleep, mood, medicines, life circumstances or measurements:

Medicine and supplement questions

Do not use this page to change treatment. Take it to an appropriate clinician or pharmacist.

A measurement with context

Device/method: ..... Date/time: .....

Technique and circumstances: .....

Observation: .....

Symptoms or function: .....

Question for care: .....

People and support

Person/service: ..... How they can help: .....

Person/service: ..... How they can help: .....

Person/service: ..... How they can help: .....

A request I want to make:

Ideas, books and resources to revisit

Notes

Notes

Notes

End of Volume One.

ONE QUIET DOORWAY

Your companion hub

Use this only when a digital tool would make a next step easier: repeat the Foundations Snapshot, build a private report, open an optional worksheet, or review sources and support.

No diary answer is inside this QR. The paper programme is complete on its own, and you may leave any digital question blank.

Start here
`healthspan.mu/go/start`
QR ref Q014

Healthspan

Bring urgent concerns to the right human service. Use companions for reflection and preparation, never as emergency care.

Keep what helps. Leave what does not.