

Personal Health Plan

Personal Health Inventory

Name

First Name:

Last Name:

Date

Discovering Your Health Goals

You are the ultimate owner of your life & your health. Being in the driver's seat requires a good map. It is important to know your starting point & your destination. This means knowing what your health is like now & what you would like your health to be going forward. This may be a new way to think about your health. Many of us are used to thinking about our health only when we are sick. Whole person health & well-being means understanding what your life goals are & what contributes to your sense of wellness over time.

A personal health inventory will follow this introduction. Please take time to think about where you are now & where you want to be. As your health coach, I will review this personal health inventory with you & use it as a tool to help you plan for your health in a way that fits your unique life & goals.

The first step in creating your plan is to complete a personal health inventory to assess where you are now & where you want to be.

How do I picture my best health? ie. How would I like to feel? What activities would I like to be able to do?*

What is most important as I think about the picture of my best health? *

Below are 8 areas identified on the Wheel of Health. For each area, please take a moment to think about where you are now & where you would like to be.

Mindful Awareness: Mindful awareness is being fully aware & tuned in to what is going on right now, in the present moment.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Community: A person's community is built upon shared attributes of the people in it, and/or by the strength of the connections among them.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Physical Environment: To better understand how your physical environment impacts you, explore options for dealing with concerns such as noise, safety, clutter, & other aspects of your environment.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Nutrition & Lifestyle: Nutrition & lifestyle choices can boost your body's natural healing potential.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Physical Activity & Fitness: Physical activity creates opportunity for fitness, & fitness improves your health.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Sleep & Rest: Both the quality & quantity of your sleep is essential for your body & brain to heal, repair, & prepare.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Fulfillment & Purpose: Aims to integrate rigorous reflection, insight into your values & strengths, & opportunities for engagement within your communities.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

Mental & Emotional Well-being: Your mental & emotional well-being helps to support you in adapting to the stress of everyday life, contributes to your communities, & realizes your personal potential.

Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? Why did you choose this number?*

Where would you like to be? On a scale of 1 (low) to 10 (high), how would you rate this area of your life? What changes could you make to help you get there?*

What stands out for you as significant about where you currently are in any given area of the Wheel of Health? *

If nothing changes in your health & well-being choices, what do you think your health will be like in three years? Ten years? What would be the worst-case scenario? *

If you make significant health behavior changes, what do you think your health will be like in three years? Ten years? What would be the best-case scenario? *

Consider all the areas on the Wheel of Health below, & select the timeframe that indicates when you would like to begin working on that area. If you do not anticipate a change in any given area, select “no changes desired”.

Mindful awareness*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Community *

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Physical environment *

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Nutrition & lifestyle*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Physical activity & fitness*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Sleep & rest*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Fulfillment & purpose*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Mental & emotional well-being*

Please select one

- Within the next 3 months
- Within the next year
- Within the next 1 to 3 years
- No changes desired

Goal Setting Guide

The second step in creating your personal health plan is to identify the areas you would like to focus on, the goals you would like to achieve, & the action steps that will get you there.

What areas of your health & well-being would you like to focus on now? What specific long-range outcomes would you like to achieve?*

What 3-6 month SMART goal(s) would help you meet the outcome you desire? Specific, Measurable, Action-oriented, Realistic, Timed/Timetable; ie. Fulfillment & Purpose Goal: I will engage in 2 volunteer activities on Monday & Thursday morning weekly.*

Your SMART goal should be:

Specific: Your goals should be clear & concise. If your goal is not specific, it is difficult to know when your action begins & when it is complete.

Measurable: A goal should be measurable so you can track your progress. You need to have clear criteria for progress & completion when taking action on a goal. Keeping track of your progress can be inspiring.

Realistic: A goal should be realistic. It is best to work on small lifestyle changes that are easy to complete. Focus on the small steps instead of feeling overwhelmed by the big picture.

Timed: A goal should be tied to a timetable for completing specific, measurable, & realistic action.

Is there more than one option for meeting your SMART goal? If so, what are these options? Which one(s) appeal to you now to get you started? ie. Fulfillment & Purpose Goal: If you wish to volunteer twice a week, what kinds of volunteer opportunities appeal to you? Would you volunteer on your own or with others? Where would you like to volunteer? *

What are SMART steps you want to take to begin working on your 3-6 month goal(s)? List 3-4 steps for the goals you identified. ie. Fulfillment & Purpose Goal: 1. I will research local volunteer opportunities that interest me. 2. I will choose 3 of my top choices for volunteering. 3. I will sign-up to volunteer at XYZ organization Monday morning. *

What have you learned about yourself from other times you have made changes to your health & lifestyle? What strengths do you bring to your health goals? ie. Are you skillful at organizing & planning? Can you bring those skills to this new behavior change? How will you do that? Do you have more energy & time in the mornings or evenings? Do you have more success when you plan goals that include connection with others or do you prefer to work alone? *

What are some hurdles or barriers that you might encounter? What are your strategies for success? ie. Do you need to make any arrangements with work or family so you can meet your goals? What will you do if bad weather, vacations, or parties interrupt your schedule?*

How will you hold yourself accountable & to whom? *

*Adapted from Duke Health & Well-being Training Program Personal Health Plan *