



Move to Health: Powered by the Performance Triad

MyStory: Personal Health Inventory



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Your Personal Health Inventory

1. What REALLY matters to you in your life?
2. What brings you a sense of joy and happiness?
3. On the following scale from 1-5, with 1 being miserable and 5 being great, circle where you feel you are on the scale.

Physical Well-Being:

1
2
3
4
5
Miserable
Great

Mental/Emotional Well-Being:

1
2
3
4
5
Miserable
Great

Life: How is it to live your day-to-day life?

1
2
3
4
5
Miserable
Great

Where You Are And Where You’d Like To Be

For each area below, consider where you are now and where you would like to be. All the areas are important. In the “Where you are” box, briefly write the reasons you chose your number. In the “Where you want to be” box, write down some changes that might make this area better for you. Some areas are strongly connected to other areas, so you may notice some of your answers seem the same. Try to fill out as many areas as you can. You do not have to write in every area or in all the areas at one time. You might want to start with the easier ones and come back to the harder ones. It is OK just to circle the numbers.

Sleep: *“Rest and Recharge”* Getting enough sleep, rest, and relaxation.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Activity: *“Movement, Strength, Endurance and Agility”* Includes movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Nutrition: *“Nourishing and Fueling”* Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Personal Development: *“Personal life and Work life”* Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Family/Social: *“Relationships”* Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends, and people you work with.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Spiritual: *“Growing and Connecting”* Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Surroundings: *Physical and Emotional* Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Emotional: *Power of the Mind* Tapping into the power of your mind to heal and cope. Using mid-body techniques like relaxation, breathing, or guided imagery.

Where you are:

Rate yourself on a scale of 1 (low) to 5 (high)

1 2 3 4 5

What are the reasons you choose this number?

Where would you like to be?

1 2 3 4 5

What changes could you make to help you get there?

Professional Care

Prevention: On a scale of 1-5, circle the number that best describes how up to date you are on your preventive care such as influenza vaccine, cholesterol check, cancer screening, and dental care.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not at all	A little bit	Somewhat	Quite a bit	Very much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

- I am not working with a healthcare professional

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not at all	A little bit	Somewhat	Quite a bit	Very much

Reflections

- Now that you have thought about all of these areas, what is your vision of your best possible health? What would your life look like? What kind of activities would you be doing?

- Are there any areas you would like to work on? Where might you start?
