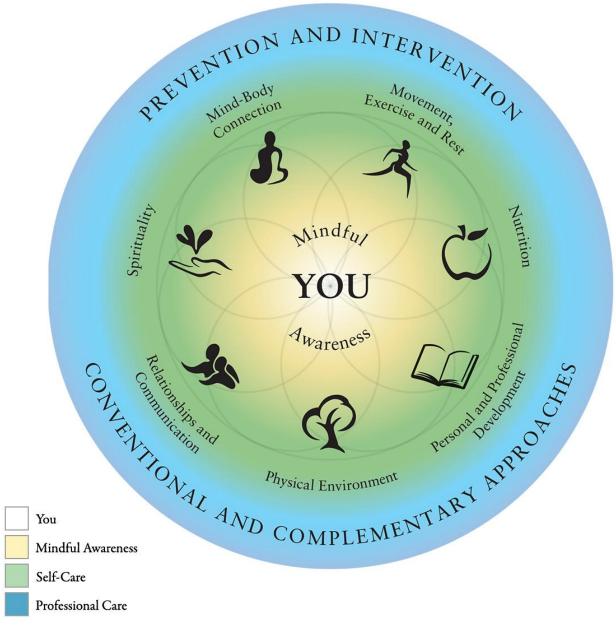


You: Discovering Your Health Goals

You are the ultimate owner of your life and your health. Being in the driver's seat requires a good map. It is important to know your starting point and your destination. This means knowing what your health is like now and 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 and wellbeing means understanding what your life goals are and 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 and where you want to be. Your health coach will review this personal health inventory with you and use it as a tool to help you plan for your health in a way that fits your unique life and goals.

WHEEL OF HEALTH



Duke Integrative Medicine

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Personal Health Inventory

For:
Date:
The first step in creating your plan is to complete a personal health inventory to assess where you are now and where you want to be.
1. How do I picture my best health?
How would I like to feel and look? What activities would I like to be able to do?

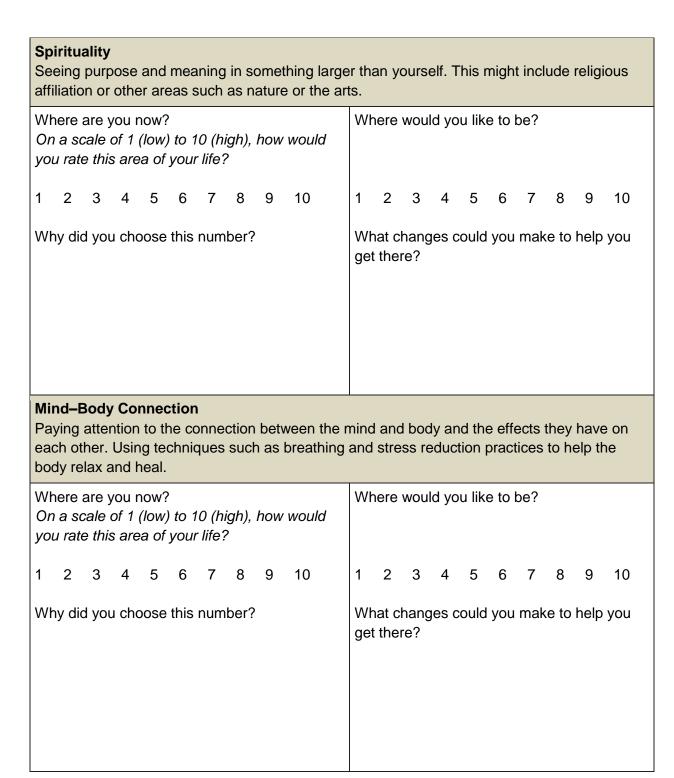
2. What is most important as I think about the picture of my best health?

3. For each area, please take a moment to think about where you are now and where you would like to be. Please complete as many of the boxes as you can. You may want to start with the areas that are most interesting to you at this time. It is okay to just circle a number for each box if you prefer.

Mindful Awareness Awareness of the present moment; paying attention to what you are doing while you are doing it.							
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?						
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10						
Why did you choose this number?	What changes could you make to help you get there?						
Movement, Exercise and Rest Activities of daily living such as cleaning and gar yoga, walking, running and cycling; adequate res	-						
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?						
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10						
Why did you choose this number?	What changes could you make to help you get there?						

Nutrition Eating a balanced, healthy diet.								
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?							
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10							
Personal and Professional Development Growing and developing your abilities, talents a work; living with both in balance.	What changes could you make to help you get there? Indicate the state of the state							
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?							
On a scale of 1 (low) to 10 (high), how would	Where would you like to be? 1 2 3 4 5 6 7 8 9 10							

Physical Environment								
Spaces where you live and work (including safety, light, noise, toxins and color), as well as landscapes surrounding those spaces.								
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?							
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10							
Why did you choose this number?	What changes could you make to help you get there?							
Relationships and Communication Spending time with family, friends and/or co-wor communicate effectively.	kers who are supportive and with whom you							
Where are you now? On a scale of 1 (low) to 10 (high), how would you rate this area of your life?	Where would you like to be?							
1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10							
Why did you choose this number?	What changes could you make to help you get there?							



Professional Care: Prevention and Intervention; Conventional and Complementary Approaches

Routine screenings such as mammograms, prostate screenings, colonoscopies, pap tests and dental exams, along with prescribed use of vitamins and supplements. Following treatments recommended by your conventional medical care providers as well as recommended complementary approaches such as acupuncture, massage, hypnosis and osteopathy.

Or	nere n a so u rato	ale	of 1	(low,) to 1	•	- /	how	would	Where would you like to be?									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
1 2 3 4 5 6 7 8 9 10 Why did you choose this number?						nat c t the	•	ges d	could	you	mak	ke to	help	you					

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

5. If nothing changes in your health and well-being choices, what do you think your health will be like three years or ten years from now? What would be the worst-case scenario?
6. If you make significant health behavior changes, what do you think your health will be like three years or ten years from now? What would be the best-case scenario?

7. Place an X in the column that indicates when you would like to begin working on that area. If you do not anticipate a change in any given area, place an X in the last column.

Area of Wheel of Health	Within the next three months	Within the next year	Next one to three years	No changes desired
Mindful Awareness				
Movement, Exercise and Rest				
Nutrition				
Personal and Professional Development				
Physical Environment				
Relationships and Communication				
Spirituality				
Mind-Body Connection				
Professional Care Prevention and Intervention				