

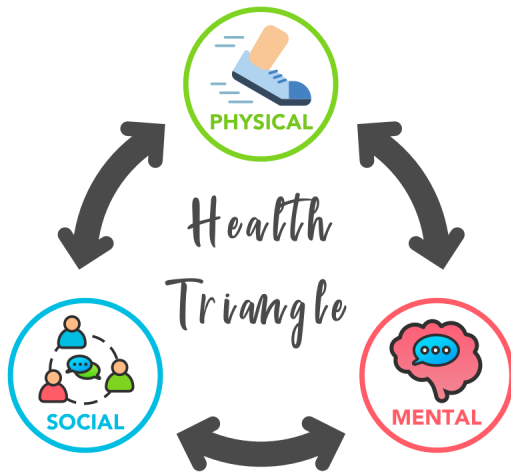
THE HEALTH TRIANGLE WORKSHEET

Self assessment of the three aspects of your health (physical, mental & social)

1 ASSESS YOUR HEALTH

Answer YES or NO to each question, circle your answer, and total the number of "YES."

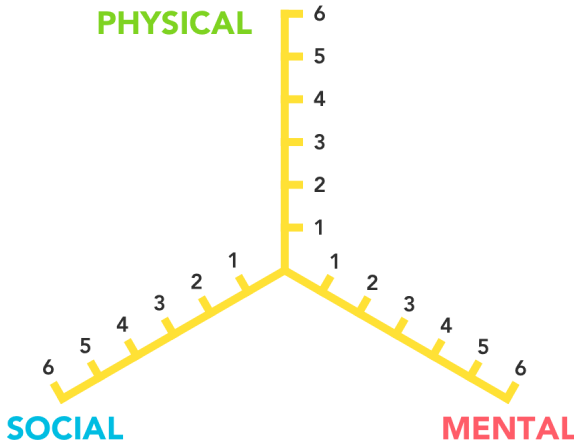
TOTAL



- | | | | |
|-----------------|--|----------|-------------|
| PHYSICAL | 1. I get seven to nine hours of sleep each night | YES NO | [Green Box] |
| | 2. I eat a well-balanced diet, which includes breakfast | YES NO | |
| | 3. I keep my body, teeth, and hair clean daily | YES NO | |
| | 4. I do at least 30 minutes of physical activity daily | YES NO | |
| | 5. I avoid the use of tobacco, alcohol, and other drugs | YES NO | |
| | 6. I see a doctor and dentist for regular checkups | YES NO | |
| MENTAL | 1. I generally feel good about myself and accept who I am | YES NO | [Pink Box] |
| | 2. I can express my feelings clearly & calmly | YES NO | |
| | 3. I accept constructive criticism | YES NO | |
| | 4. I have at least one activity that I enjoy doing by myself | YES NO | |
| | 5. I have awareness of my thoughts and emotions | YES NO | |
| | 6. I like to learn and develop new skills | YES NO | |
| SOCIAL | 1. I have at least one close friend I keep in contact with | YES NO | [Blue Box] |
| | 2. I show respect and care for my family and friends | YES NO | |
| | 3. I can disagree with others without getting angry | YES NO | |
| | 4. I am a good listener and able to communicate clearly | YES NO | |
| | 5. I get support from others when I need it | YES NO | |
| | 6. I say no if I feel uncomfortable with something | YES NO | |

2 ILLUSTRATE YOUR HEALTH TRIANGLE

Draw a line from the center with a length equal to the total from step 1 for each aspect. Connect the three endpoints to make your health triangle.



3 ANALYZE RESULTS

Reflect on your triangle and describe what your overall health looks like.

- Think about and comment on the following:
1. Does your health triangle have equal sides?
 2. Is there an area you are strong in?
 3. Is there an area you need to improve on?

4 STRENGTHS & WEAKNESSES

List strengths and weakness for each aspect. Identify how you can continue to maintain your strengths and actions to improve your weaknesses.

	HEALTH TRIANGLE <small>Physical, Mental, Social</small>	DESCRIPTION OF STRENGTH/WEAKNESS	ACTION TO MAINTAIN OR IMPROVE
STRENGTHS			
WEAKNESSES			