

INTEGRATIVE HEALTH AND WELLNESS ASSESSMENT™

This **INTEGRATIVE HEALTH and WELLNESS ASSESSMENT** (long form) is intended for informational purposes only. It is not a substitute for professional medical advice, diagnosis or treatment.

DIRECTIONS: This questionnaire contains statements about your present way of life, feelings, and personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each item by shading (●) one of the following:

1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Always

Life Balance/Satisfaction

	1	2	3	4	5
1. I have a balance between my work, family, friends, and self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I appreciate who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am satisfied with my work and/or profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel joy and gratitude.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I look forward to going to work each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I give time and resources to people and causes I admire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am comfortable with my financial situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am coping well with life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I focus on my strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get 6–8 hours of uninterrupted sleep each night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I wake up feeling rested and alert.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I use strategies (breathing, stretching, relaxation, imagery, meditation) to manage stress daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I use daily positive self-talk and affirmations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I set realistic goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I can release anxiety, worry, and fear in a healthy way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I manage my time to meet my personal goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I take time for leisure activities (gardening, hobbies, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I take short breaks for play, laughter, and humor each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I recognize negative thoughts and reframe them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I take on no more than I can manage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationships

	1	2	3	4	5
1. I create and participate in satisfying relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have people in my life that I trust and can go to for support and guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable sharing my feelings/opinions without needing approval from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am able to set boundaries and say no to others without feeling guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I clearly express my needs and desires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am happy with the quality and quantity of nurturing physical contact (hugs, bodywork, partner yoga) I have with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I easily express love and concern to those I care about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I do my part in establishing and maintaining relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel comfortable with my sexuality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I am happy with the quality and quantity of sexual intimacy in my life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I can talk about feelings related to death and other losses with friends and/or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have taken actions to ensure that my end of life care is as I would want it to be (Health Care Proxy, Living Will, Power of Attorney).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spiritual

1. I feel that my life has meaning, value, and purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel connected to something greater than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel in touch with my inner wisdom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have experiences of feeling awe and wonder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel joyfulness and gratitude.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I follow a spiritual and/or religious practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I make time for reflective practice (affirmation, prayer, meditation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel that I am growing and changing in positive ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have a community that will be there for me in times of need (illness, crisis, death).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental

1. I am open and receptive to new ideas and experiences.
2. I use my imagination in considering new choices or possibilities.
3. I am interested in and knowledgeable about many topics.
4. I prioritize my work and set realistic goals.
5. I enjoy developing new skills and talents.
6. I can let go of unwanted thoughts.
7. I am aware of the connection between my thoughts, emotions, and health.
8. I ask for help/assistance as needed.
9. I am committed and disciplined when I take on new projects.
10. I follow through and work on decisions with clarity and actions steps.
11. I take important challenges as needed.
12. I can accept circumstances and events that are beyond my control.

1	2	3	4	5
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Emotional

1. I recognize my own feelings and emotions.
2. I laugh freely and openly.
3. I include my feelings when making decisions.
4. I express my feelings in appropriate ways.
5. I recognize my intuition.
6. I can learn from my mistakes.
7. I am compassionate with myself.
8. I practice forgiveness.
9. I am authentic in my communication(s).
10. I listen to and respect the feelings of others.
11. I enjoy new challenges or experiences.
12. I seek guidance if necessary.

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Physical/Nutrition

	1	2	3	4	5
1. I eat a nutritious breakfast daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I eat at least 5 servings of vegetables and fruits daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I eat whole foods (grains, beans, seeds, nuts).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am aware that high fat foods (i.e., fried foods) are not healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I drink 6 to 8 glasses of water daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I read labels for ingredients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I eat "real" food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I eat organic and/or local produce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I eat my meals at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have access to healthy food choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am aware of foods that affect my digestion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am aware of any food sensitivities or food allergies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have a daily bowel movement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I chew my food thoroughly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I eat mindfully (concentrate on my eating, not multi-tasking or eating in front of the television).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I refrain from eating late at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am aware of portion size and how much food I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel energy after eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical/Exercise

1. I include exercise and/or movement as part of my daily routine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I recognize when my body is in need of exercise and movement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I do stretching or flexibility activities 2 or more days a week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I do muscle-strengthening activities (i.e., free-weights, machines, resistance bands, body weight exercises, or carrying heavy loads) for all major muscle groups (legs, back, core, chest, arms) 2 or more days a week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I do moderate-intensity aerobic activity (i.e., brisk walking, or any activity that makes you breathe harder with an increased heart rate) for at least 150 minutes (2 hours and 30 minutes) a week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am aware of the connection between exercise and health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I recognize my resistance to a regular exercise plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel comfortable exercising in public places (gym, park, class).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical/Weight

1. I maintain my ideal weight.
2. I have gained no more than 11 pounds in adulthood.

1	2	3	4	5
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Environmental

1. I have a healthy, non-toxic home environment.
2. I have a healthy, non-toxic work environment.
3. I am aware of how my external environment affects my health and wellbeing.
4. I share environmental awareness with others in my workplace and community.
5. I make healthy environmental choices when I can.
6. I check my home for mold.
7. I use a water filter in my home.
8. I use natural pesticides whenever possible in my home, garden, or lawn.
9. I take precautions with my hobbies or work that involves chemicals (painting, stained glass, woodwork).
10. I refrain from using a flea collar or other topical chemical treatment on my pets.
11. I live in a smoke-free environment.
12. I am aware that what I apply to my skin absorbs into my body.
13. I read labels and check ingredients for my personal care products.
14. I use environmentally-friendly cleaning products in my home and/or workplace.
15. I dry clean clothes and remove the plastic before hanging them in my closet.
16. I microwave my food in glass and avoid plastics.
17. I use my cell phone and hold it away from my ear or use an earpiece or headset.
18. I purchase new products (shower curtain, carpeting, furniture) and ventilate the area or leave the product outside until the "off-gas" smell disappears.

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Health Responsibility

	1	2	3	4	5
1. I believe I am key to my wellbeing and overall health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My overall health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I receive yearly physical exams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I know my risk factors for disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I pay attention to my physical wellbeing and address symptoms as they arise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am aware of any unusual weight loss, fever, etc., and seek the advice of my primary healthcare provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have had a baseline eye examination and get regular eye examinations as recommended for my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I practice good oral hygiene (flossing, toothpicks, dental cleaning).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I receive regular dental preventive care (teeth cleaning every 6 months).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I check my skin for changes or suspicious moles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I recognize changes in bowel patterns and seek professional consultation if not corrected by lifestyle change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I know my blood pressure, cholesterol, triglycerides, and glucose levels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I avoid smoking or the use of smokeless tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I can work and do regular activities of daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I buckle my seatbelt when driving or when riding as a passenger.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I avoid talking on my cell phone when driving or doing critical tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have been free of pain or injury for the last 6 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am not addicted to a substance or behavior (alcohol, drugs, sex, food, gambling, shopping, exercise, internet).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have completed a personal health record and know where to access it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I discuss/formulate a wellness plan with my primary healthcare provider, and if needed, take and know prescribed medications and possible side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AREAS TO ADDRESS	MY READINESS TO CHANGE 1= In one year 2= Within 6 months 3= Next month 4= In two weeks 5= Now	PRIORITY FOR MAKING CHANGE (1-5) 1= Never a priority 2= Very low priority 3= Medium priority 4= Priority 5= Highest priority	CONFIDENCE IN MY ABILITY TO DO IT (1-5) 1= Not at all confident 2= Not very confident 3= Somewhat confident 4= Confident 5= Very confident
Life Balance/Satisfaction			
Relationship			
Spiritual			
Mental			
Emotional			
Physical/Nutrition			
Physical/Exercise			
Physical/Weight			
Environment			
Health Responsibility			

LIFE BALANCE and SATISFACTION ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

RELATIONSHIPS ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

SPIRITUAL ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2. _____

3. _____

Additional changes, comments, thoughts:

MENTAL ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1. _____

2. _____

3. _____

Additional changes, comments, thoughts:

EMOTIONAL ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1. _____

2. _____

3. _____

Additional changes, comments, thoughts:

NUTRITION ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

EXERCISE ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

WEIGHT MANAGEMENT ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

ENVIRONMENTAL ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:

HEALTH RESPONSIBILITY ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:
