

Activity 11.3: Preventive Care Self-Assessment

Use to assess your preventive practices and proactively prioritize desired changes to prevent physical harm.

Suggestions. This is your assessment – no one else's! You are encouraged to be as strict and inclusive as you can. Additional lines are available to add other problematic behaviors related to each topic. Place check marks next to the preventive practices that you do most of the time. In order to check off a diamond, you must check off either all the practices below it or all but one.

◇ **I never smoke or abuse drugs or alcohol**

- I limit exposure to smoke, dust, paint fumes and smog.
- I use the minimal amount of prescribed or over the counter drug needed, if any.
- I don't self-medicate or use any type of illegal substances.
- If I do use medication I keep track of them, only take as prescribed and am aware of interactions and side effects.
- I never drink and drive.
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◇ **I practice safety: I always proactively reduce my risks.**

- I always wear a seatbelt and consistently follow all driving laws.
- I consistently wear sunscreen and quality sunglasses. I limit excessive sun exposure.
- I reduce my exposure to harmful chemicals or wear masks, gloves and have appropriate ventilation when I must be exposed.
- I choose organic, pesticide- and hormone-free, and natural products.
- I appropriately discard risky chemical, paints, etc.
- I keep my home safe. I actively prevent falls, fires, and injuries from knives, weapons, and firearms.
- I always practice safe sex to reduce my risk of sexually transmitted disease and unwanted pregnancy.
- When I engage in risky practices, I take steps to minimize risk (e.g., wearing a bike helmet, not hiking or swimming by myself, taking safety precautions when alone in dangerous areas).
- I have a backup plan for emergencies that I practice or review annually (including, but not limited to, hurricanes, snow, floods, and/or fires).
- I consistently wear appropriate clothing, shoes, gloves, etc. when needed throughout the year
- I consistently avoid dangerous situations.
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◇ **I keep myself and my home sufficiently clean**

- I practice good personal hygiene by cleaning all body parts daily.
- I have regular bowel movements daily.
- To reduce my risk of infection, I wash my hands well with soap and avoid people who cough.
- I trim and clean my nails well at least once a week.
- I wash my clothes, towels, and sheets well at least once a week.
- I make sure the inside of my home is cleaned well at least once every two weeks with something that sufficiently sanitizes my kitchen, bathroom and commonly touched areas.
- Personal needs:

◇ **I proactively use preventive care.**

- I maintain a supply of topical antibiotics and first-aid supplies.
- I get my teeth cleaned at a dental office twice a year.
- I get appropriate medical checkups and vaccinations.
- I use alternative providers, such as chiropractors, massage therapists, naturopaths, and the like, proactively, not just reactively (when I can afford to do so).
- I know first aid and CPR.
- I will call 911 in emergencies.
- I don't wait until I am in pain or have a problem to get care.
- Personal need:

What are you doing well?

Place stars next to three things you are doing well. Summarize your strengths.

What are priorities to improve?

Circle at least one, and no more than 3, habits that if not changed could result in major problems. If you want to pursue improving this habit (or cluster of habits) as a goal, please next move on to Activity 21. Wellness Compass Journey. Step. 2.1