

## PERSONAL HEALTH PLAN

### 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 well-being 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



## 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?*

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

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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.

<b>Mindful Awareness</b>	
Mindful awareness is being fully aware and tuned in to what is going on right now, in the present moment.	
<p><b>Where are you now?</b> On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
<b>Community</b>	
A person's community is built upon shared attributes of the people in it and/or by the strength of the connections among them.	
<p><b>Where are you now?</b> On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>

## Physical Environment

To maximize your understanding of how your physical environment impacts you, explore options for dealing with concerns such as noise, safety, clutter, and other aspects of your environment.

<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p style="text-align: center;">1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p style="text-align: center;">1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
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## Nutrition & Lifestyle

Nutrition and lifestyle choices can boost your body's natural healing potential.

<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p style="text-align: center;">1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p style="text-align: center;">1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
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**Mental & Emotional Well-Being**

Your mental and emotional well-being helps to support you in adapting to the stress of everyday life, contributes to your communities, and realizes your personal potential.

<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
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**Fulfillment & Purpose**

Aims to integrate rigorous reflection, insight into your values and strengths, and opportunities for engagement within your communities.

<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
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<h2 style="margin: 0;">Physical Activity &amp; Fitness</h2> <p style="margin: 5px 0 0 0; font-weight: normal; font-size: 0.9em;">Physical activity creates opportunity for fitness, and fitness improves your health.</p>	
<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>
<h2 style="margin: 0;">Sleep &amp; Rest</h2> <p style="margin: 5px 0 0 0; font-weight: normal; font-size: 0.9em;">Both the quantity and quality of your sleep is essential for your body and brain to heal, repair, and prepare.</p>	
<p><b>Where are you now?</b>  <i>On a scale of 1 (low) to 10 (high), how would you rate this area of your life?</i></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>Why did you choose this number?</b></p>	<p><b>Where would you like to be?</b></p> <p>1   2   3   4   5   6   7   8   9   10</p> <p><b>What changes could you make to help you get there?</b></p>

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

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**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?**

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**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?**

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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				
Community				
Physical Environment				
Nutrition & Lifestyle				
Mental & Emotional Well-Being				
Fulfillment & Purpose				
Physical Activity & Fitness				
Sleep & Rest				

## GOAL SETTING GUIDE

The second step in creating your personal health plan is to identify the areas you would like to focus on, the goals you would like to achieve, and the action steps that will get you there.

### 1. What area(s) of your health would you like to focus on now? What specific long-range outcome(s) would you like to achieve?

*For example, losing 30 pounds in 6 months, stopping smoking, improving overall fitness, etc.*

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### 2. What 3–6-month SMART goal(s) would help you meet the outcome you desire?

*For example, exercising three times a week on Monday, Wednesday, and Friday after work for an hour each time, eating a 1,500-calorie well-balanced diet daily, etc.*

Your SMART goal should be:

**Specific:** Your goals should be *clear and concise*. If your goal is not specific, it is difficult to know when your action begins and when it is complete.

**Measurable:** A goal should be *measurable* so you can track your progress. You need to have clear criteria for progress and completion when taking action on a goal. Keeping track of your progress can be inspiring.

**Action-Oriented:** A goal should include *action*, and that action should be in your direct control.

**Realistic:** A goal should be *realistic*. It is best to work on small lifestyle changes that are easy to complete. Focus on the small steps instead of feeling overwhelmed by the big picture.

**Timed:** A goal should be tied to a *timetable* for completing specific, measurable, and realistic action.

SMART Goal 1 \_\_\_\_\_

\_\_\_\_\_

SMART Goal 2 \_\_\_\_\_

\_\_\_\_\_

**3. Is there more than one option for meeting your SMART goal? If so, what are these options? Which one(s) appeal to you now to get you started?**

*For example, if your goal is to begin exercising three times a week after work on Monday, Wednesday, and Friday for an hour each session, what kinds of exercise appeal to you? Would you like to exercise alone or with others? What options would you like to consider?*

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\_\_\_\_\_

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**4. What are the SMART steps you want to start in Week One to begin working on your 3–6-month goal(s)?**

*For example, do you need to purchase any equipment such as a bike or bike helmet, running shoes, or gym membership? Do you want to start exercising this week for 20 minutes at a time to work up to your goal of one hour each time? Do you need to speak with a medical provider for clearance for a new exercise program? Do you need to meet with a nutritionist to plan a well-balanced diet? Make sure the SMART steps meet the same criteria as the SMART goals.*

**Goal I—SMART Steps**

SMART Step 1 \_\_\_\_\_

\_\_\_\_\_

SMART Step 2 \_\_\_\_\_

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SMART Step 3 \_\_\_\_\_

\_\_\_\_\_

SMART Step 4 \_\_\_\_\_

\_\_\_\_\_

**Goal II—SMART Steps**

SMART Step 1 \_\_\_\_\_

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SMART Step 2 \_\_\_\_\_

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SMART Step 3 \_\_\_\_\_

\_\_\_\_\_

SMART Step 4 \_\_\_\_\_

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**5. What have you learned about yourself from other times you have made changes to your health and lifestyle? What strengths do you bring to your health goals?**

- Are you skillful at planning new initiatives? Can you bring your organizational, planning and tracking skills to this new behavior change? How will you do that?
- Do you have more energy and time in the mornings or evenings?
- Do you have more success when you plan goals that include connection with other people or do you prefer to work alone?

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**6. What are some hurdles or barriers that you might encounter? What are your strategies for success?**

- Do you need to make any arrangements with work or family so you can meet your goals?
- What will you do if bad weather, vacations, or parties interrupt your schedule?

Barrier 1 \_\_\_\_\_

Strategy \_\_\_\_\_

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Barrier 2 \_\_\_\_\_

Strategy \_\_\_\_\_

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Barrier 3 \_\_\_\_\_

Strategy \_\_\_\_\_

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\_\_\_\_\_

Barrier 4 \_\_\_\_\_

Strategy \_\_\_\_\_

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**7. How will you hold yourself accountable and to whom?**

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\_\_\_\_\_

## COACHING SESSION PREP FORM

One helpful way to achieve your personal health goals is to take the time to regularly evaluate your progress. This form is designed to give you a quick way to track your progress toward your goals and identify any changes you need to make to achieve them.

**1. What have you accomplished since your last coaching session? What were your small or large successes or new insights?**

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**2. What are the biggest challenges you are facing right now?**

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**3. How are you addressing the challenges that you are facing in order to move forward to your goals?**

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**4. What would you like to focus on in your next coaching session?**

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*Disclaimer: The information provided on this form does not, and is not intended to, constitute legal or other professional advice; instead, it is made available for general informational purposes only. If professional advice or counsel is required by the reader, then the services of a competent professional should be engaged.*