My Whole Health Tracker
This Whole Health Tracker belongs to:

Name: ________________________________________________________________

I started my whole health resiliency plan on:

Date: ________________________________

My whole health and resiliency goal is:

____________________________________________________________________

____________________________________________________________________

My support network:

Name: ____________________________________________
Phone: _________________________________________
Email: _________________________________________
Other information: _______________________________

Name: ____________________________________________
Phone: _________________________________________
Email: _________________________________________
Other information: _______________________________

Name: ____________________________________________
Phone: _________________________________________
Email: _________________________________________
Other information: _______________________________
Ten Health Lifestyle Domains

1. **Healthy Eating**
   Things I can do to create healthier eating habits:

   The benefits of doing this would be:

2. **Physical Activity**
   Things I can do to increase my physical activities:

   The benefits of doing this would be:

3. **Restful Sleep**
   Things I can do to get more restful sleep:

   The benefits of doing this would be:
**4. Stress Management**

Things I can do to reduce stress:

The benefits of doing this would be:

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**5. Service to Others**

Things I can do to get more involved in service to others:

The benefits of doing this would be:

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**6. Support Network**

Things I can do to enlarge and strengthen my support network:

The benefits of doing this would be:
7. **Maintaining a Positive Outlook on Life**
   Things I can do to develop a more optimistic attitude:

   The benefits of doing this would be:

8. **Catching, Checking, and Changing Negative Self-talk**
   Things I can do to catch, check, and change negative self-talk:

   The benefits of doing this would be:

9. **Spiritual Beliefs and Practices**
   Things I can do to strengthen my spiritual beliefs and practices:

   The benefits of doing this would be:
10. Having a Sense of Meaning and Purpose

Things I can do to have more meaning and purpose in my life:


The benefits of doing this would be:


## Setting and Clarifying Your Whole Health Goal

Health Strengths: ✓ Put a check mark by those you think are your strengths.

### General Health

- My blood pressure is within the normal range.
- My blood sugar level is within the normal range.
- My cholesterol level is within the normal range.
- My body weight is within the normal range.
- I have a physical examination on a regular basis.
- I have a primary care doctor that I trust and can work with.
- I do not have any chronic physical illnesses.
- I have a chronic physical illness, but I have learned how to control it.
- My medications and coping skills have my psychiatric illness basically under control.
- I have the skills and support to maintain my sobriety and/or clean time.
- I know what areas of my health that I want to improve.

### Health and Resiliency Lifestyle

- I know what foods are healthy and unhealthy.
- I know some healthy foods that I like and could add to my diet.
- I understand the value of physical exercise.
- I know some physical activities that I enjoy and could add to my life.
- I regularly get an adequate amount of sleep.
- I know some things I can do to improve the quality of my sleep.
- I know what causes stress in my life.
- I know some things I could do to make my life less stressful.
- I know that when I help others I feel better about myself.
- I know some things I could do to help others and that I would enjoy doing.
- I have people in my life who I enjoy being with.
- I know some things that I could do to increase my support network.
- I think of myself as a person with a positive outlook in relation to the future.
- I know some things I could do to become more optimistic in relation to the future.
- I have some skills to help avoid negative thinking.
- I know some things that I can do to improve my skills to avoid negative thinking.
- I have spiritual beliefs and practices that sustain me during the difficult times.
- I know some things that I can do to strengthen my spiritual life.
- I have a strong sense of meaning and purpose in my life.
- I know some things that I can do to increase my sense of meaning and purpose.
- I know some things I can do to improve my health and resiliency.
- I am ready to work on improving my health and resiliency.
I think my current lifestyle is healthy and resilient in the following ways:

I could use these strengths to improve my health and resiliency:
Determining My Whole Health Goal

Looking over what I could do in each of the 10 domains and the benefits of doing each, I believe that improving these three domains would have the greatest positive impact on my life:

1. 
2. 
3. 

These three domains are important because I want to improve the following areas of my life:

I want to improve this because:

I think I might be ready to do this because:

Taking all of this into consideration, my whole health and resiliency goal is:
My whole health and resiliency goal is:

Some things I could possibly do each week to accomplish my goal are:
Action Plan

week 1

What?

How much?

How often?

When?

Confidence level?
<table>
<thead>
<tr>
<th>Day</th>
<th>What I did</th>
<th>Was it helpful?</th>
<th>What can I do tomorrow?</th>
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</thead>
<tbody>
<tr>
<td>MON</td>
<td></td>
<td>☐ YES ☐ NO</td>
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<tr>
<td>TUE</td>
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<td>SUN</td>
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# How Am I Doing?

**week 1**

Name: ____________________________ Date: ____________________________

Mental Health Agency: ____________________________________________________

Care Manager or Peer Counselor: __________________________________________

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<tr>
<th>Please rate 1-5 with 5 being the best:</th>
<th>MON</th>
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<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
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<td>Healthy eating:</td>
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<td>Maintaining a positive outlook on life:</td>
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Did you follow your action plan this week? ☐ YES ☐ NO

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**week 1**

**What is the one thing you accomplished this week that you are most proud of?**

[Blank space for input]

**As you work on your weekly action plans, you may find it necessary to revisit and possibly revise your goal. Please use the space below to update or revise your goal as necessary.**

[Blank space for input]

**Notes and additional thoughts:**

[Blank space for input]
Acknowledgements

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