

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:

.....
.....
.....

Ten Health Lifestyle Domains—continued

4. Stress Management

Things I can do to reduce stress:

.....
.....
.....

The benefits of doing this would be:

.....
.....
.....

5. Service to Others

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

.....
.....
.....

The benefits of doing this would be:

.....
.....
.....

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:

.....

.....

.....

Ten Health Lifestyle Domains—continued

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.

Setting and Clarifying Your Whole Health Goal— continued

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:

.....
.....
.....



What?

.....

.....

.....

.....

How much?

.....

.....

.....

.....

How often?

.....

.....

.....

.....

When?

.....

.....

.....

.....

Confidence level?

.....

.....

.....

.....

Daily Log Sheet

week 1

Day	What I did	Was it helpful?	What can I do tomorrow?
MON		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TUE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
THU		<input type="checkbox"/> YES <input type="checkbox"/> NO	
FRI		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SAT		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SUN		<input type="checkbox"/> YES <input type="checkbox"/> NO	

How Am I Doing?

week 1

Name: Date:

Mental Health Agency:

Care Manager or Peer Counselor:

Please rate 1-5 with 5 being the best:	MON	TUE	WED	THU	FRI	SAT	SUN
Healthy eating:							
Physical activity:							
Restful sleep:							
Stress management:							
Service to others:							
Support network:							
Maintaining a positive outlook on life:							
Catching, checking, and changing negative self-talk:							
Spiritual beliefs and practices:							
Having a sense of meaning and purpose in life:							

Did you follow your action plan this week? YES NO

Notes:

.....

.....

.....

.....

.....

.....

.....

Acknowledgements

A very special thank you to Larry Fricks and Ike Powell of the Appalachian Consulting Group, Inc. of Cleveland, Georgia, who created the materials that we adapted with their permission.



Optum and OptumHealth and their respective logos are registered trademarks of Optum. All other brand or product names are trademarks or registered marks of their respective owner. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

BSMCM0093S001CM 04/12 © 2012 Optum. All Rights Reserved.