

ACTIVITY WORKSHEET**Personal Health Inventory**

Your username: _____

Your password: _____

Your overall health outlook, according to the inventory: _____

Identify habits and behaviors related to each of the following that represent risks to your health:

■ Vehicle safety: _____

■ Nutrition: _____

■ Fitness: _____

■ Stress: _____

■ Diseases: _____

■ Weight management: _____

■ Personal safety: _____

■ Immunizations: _____

■ Other: _____

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Give details about changes you could make to reduce the risks identified above:

Develop a plan for making necessary changes.

(a) Time frame for making changes: _____

(b) People who can help me meet my goals: _____

(c) Other incentives that could help me meet my goals:
