



Personal Health Assessment

Please take a few minutes to answer the following questions.

This information is for your own personal use to help you on your wellness journey.

For each topic, circle the description that best applies to you.

Health Risk	Low	Intermediate	High
Numbers You Should Know	If you don't know these numbers, call your Primary Care Medical Professional and schedule your annual physical!		
Body Mass Index (kg/m2)	My BMI is between 19 and 25.	My BMI is between 26 and 30.	My BMI is over 30 or less than 18.
Blood Pressure	My blood pressure is less than 120/80 (with or without medications).	My blood pressure is between 120/80 and 140/90.	My blood pressure is over 140/90.
Cholesterol	Cholesterol less than 200 HDL greater than 60 LDL less than 100 Triglycerides less than 150	Cholesterol 200-250 HDL 40-60 LDL 100-130 Triglycerides 150-250	Cholesterol greater than 250 HDL less than 40 LDL greater than 130 Triglycerides greater than 150
Diabetes	Blood sugar less than 100	Blood sugar between 100-125	Blood sugar greater than 125
Physical Health			
Exercise	I exercise most days of the week with a combination of aerobic and weight/resistance training for more than 30 minutes.	I exercise 3 days a week with aerobic training for more than 30 minutes.	I am mostly sedentary, only exercising occasionally.
Nutrition	My food choices are primarily vegetables, fruits, lean sources of protein (including meat) and healthy fats with some whole grains.	I eat 4 or less servings of fruits and vegetables a day, fast food or fried foods occasionally, moderate intake of sugar and starch (potato, rice, pasta).	I eat fast food or fried food often, minimal fruits and vegetables, high intake of processed foods, high intake of sugar and starch (potato, rice, pasta).

Continued on the next page

Health Risk	Low	Intermediate	High
Well-Being			
Stress Management	I am generally happy and optimistic most of the time. I have good coping strategies for stress.	I currently feel somewhat stressed. I could do better with coping strategies.	I feel down and/or stressed more often than not. I cope poorly with stress.
Tobacco Use	I have never used tobacco or have quit over 1 year ago.	I use tobacco occasionally at events or social gatherings.	I use tobacco at least several times a week in the form of cigarettes or chewing tobacco.
Alcohol Use	I have 1-2 drinks a day or none.	I have 2-4 drinks a day.	I have 5 or more drinks in any one day.

Cancer Risk

Please visit <http://www.cancer.org/healthy/toolsandcalculators/reminders/screening-recommendations-by-age> for the most recent screening recommendations by your age and gender.

Cancer Risk	I am up-to-date with my recommended cancer screenings .	My recommended cancer screening is partially complete.	I have not had my recommended cancer screening.
--------------------	---	--	---

Calculate Your Health Score

Add up the number of circles in each column, multiply the total by the numbers, and add the 3 sums together.

Number of Circles			
Multiply by	10	5	0
Total by Color			

Your Health Score

Interpret Your Score

81–100 = Keep it up!

61–80 = Consider lifestyle change by identifying your challenge areas and speak with your doctor!

Less than 61 = Initiate lifestyle change by identifying your challenge areas and speak with your doctor!