

Personalized Health Plan

For: _____

Date: _____

Coach: _____

1. What is your Optimal Health Vision?

How would you like to feel and look? What activities would you like to be able to do? Paint a vivid word picture of what optimal health would be like for you. You may want to review the areas on the Integrative Medicine Wheel of Health to stimulate your thinking about an 'overall' optimal health vision.

2. What is most important to you as you think about your Optimal Health Vision?

List and/or describe at least 3 values that your vision represents.

You may want to list more areas and to prioritize them.

Duke Integrative Medicine -Wheel of Health

Current & Desired States

3. For each area, please take a moment to consider where you are and where you would like to be. In each “current” box, briefly note the reasons you chose your number.

Mindful Awareness	
Awareness of the present moment; paying attention to what you are doing while you are doing it.	
<p>CURRENT – WHAT’S SO? On a scale of 1 (low) - 10 (high), how would you rate this area of your life? 1 2 3 4 5 6 7 8 9 10</p>	<p>DESIRED STATES Improvements, changes or enhancements. What would make this area a “10” for you?</p>
Movement, Exercise & Rest	
Activities of daily living like cleaning and gardening as well as dancing, yoga, walking, running, cycling balanced with adequate rest and relaxation.	
<p>CURRENT – WHAT’S SO? On a scale of 1 (low) - 10 (high), how would you rate this area of your life? 1 2 3 4 5 6 7 8 9 10</p>	<p>DESIRED STATES Improvements, changes or enhancements. What would make this area a “10” for you?</p>
Nutrition	
Eating a balanced, healthy diet.	
<p>CURRENT – WHAT’S SO? On a scale of 1 (low) - 10 (high), how would you rate this area of your life? 1 2 3 4 5 6 7 8 9 10</p>	<p>DESIRED STATES Improvements, changes or enhancements. What would make this area a “10” for you?</p>

Physical Environment

Spaces where you live/ work (light, noise, toxins, color), as well as landscapes surrounding those spaces.

CURRENT – WHAT’S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a “10” for you?

Relationships and Communication

Spending time with family, friends and/or coworkers who are supportive and with whom you communicate effectively.

CURRENT – WHAT’S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a “10” for you?

Spirituality

Seeing purpose and meaning in something larger than one’s self; may include religious affiliation or other areas such as nature or the arts.

CURRENT – WHAT’S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a “10” for you?

Personal and Professional Development

Growing and developing one's own abilities, talents and interests, both in 'being' and 'doing', and living with both in balance.

CURRENT – WHAT'S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a "10" for you?

Mind-Body Connection

Paying attention to the interconnectedness of the mind and body and the effects they have on each other. Using techniques such as breathing practices, meditation, progressive muscle relaxation or guided imagery to activate the body's relaxation and healing response.

CURRENT – WHAT'S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a "10" for you?

Professional Care: Prevention and Intervention; Conventional and Complementary Approaches

Routine screenings such as mammograms, prostate screenings, colonoscopies, pap tests, dental exams, along with prescribed use of vitamins and supplements; Following treatments recommended by your conventional medical care providers as well as recommended complementary approaches such as acupuncture, massage, hypnosis, osteopathy.

CURRENT – WHAT'S SO?

On a scale of 1 (low) - 10 (high), how would you rate this area of your life?

1 2 3 4 5 6 7 8 9 10

DESIRED STATES

Improvements, changes or enhancements. What would make this area a "10" for you?

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

5. If nothing changes in your health and well-being choices, what is your likely health scenario 3 years / 10 years from now? What would the worst case scenario be?

6. If you make significant health behavior changes, what is your likely health scenario 3 years / 10 years from now? What would the best case scenario be?

7. Think about each area of the Wheel of Health. Rank them in terms of when you would like to begin working on each area. 1 = first; 9 = last. You may want to think about such factors as:

Long-term importance of the area to you

Immediate benefits to accomplishing the change

Your current willingness to take on the challenge of the identified change

8. Place an 'X' in the column that indicates when you would like to begin working on that area in order to attain your Optimal Health Vision, or bring the area to a '10'. If you don't anticipate needing or wanting changes in any given area, place an 'X' in the last column.

Area of Wheel of Health	Rank	Within the next 3 months	Within the Next Year	Next 1-3 Years	No Further Changes Desired
Mindful Awareness					
Movement, Exercise and Rest					
Professional and Personal Development					
Nutrition					
Spirituality					
Relationships and Communication					
Mind Body Connection					
Physical Environment					
Professional Care – Prevention and/or Intervention					

9. What area(s) of your health would you like to begin focusing on in your coaching sessions? What specific long range outcome(s) would you like to achieve in your area(s) of focus?

For example, losing 30 pounds in 6 months, sleeping through night without awakening, eating a healthy balanced diet that meets your weight management goals, etc.

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

For example, exercising 3x/week on Monday, Wednesday and Friday after work for an hour each time, eating a 1500 calorie well-balanced diet daily, etc.

The goal should be:

- **Specific:** A goal should be *clear and concise*. It is difficult to know when action on a goal has been started and when it has been completed if it is not specific.
- **Measurable:** A goal should be measurable so that clients can track their progress. Clients need to have clear criteria for progress and completion when taking action on a goal. Keeping tabs on progress can be inspiring.
- **Action Oriented:** A goal should include action. And, that action should be in the direct control of clients.
- **Realistic:** A goal should be largely within the reach of clients. It is best to work on small lifestyle changes that are do-able. Avoid the pitfalls of having clients see only the big picture and not the small steps.
- **Timed:** A goal should be tied to a timetable for completing specific, measurable and realistic action.

SMART Goal I.

SMART Goal II.

SMART Goal III.

11. Is there more than one option for meeting your SMART goal? If so, what are these options and which one(s) appeal to you now to begin working on?

For example, if your goal is to begin exercising 3x/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?

12. 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 practitioner 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

Smart Step 3

Smart Step 4

Goal II -- SMART Steps

Smart Step 1

Smart Step 2

Smart Step 3

Smart Step 4

Goal III -- SMART Steps

Smart Step 1

Smart Step 2

Smart Step 3

Smart Step 4

13. What have you learned about yourself from the past when you have attempted health behavior and lifestyle changes that you could apply to this situation? What strengths do you bring to this current situation?

For example, 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 solitary activities?

14. What are some barriers you may encounter and what will be your strategies for success?

For example, do you need to work out family or work agreements to support your goals? What will you do if there is inclement weather, family vacations, parties and events that interrupt your schedule?

Barrier 1

Strategy

Barrier 2

Strategy

Barrier 3

Strategy

Barrier 4

Strategy

15. How confident do you feel in accomplishing your action steps in the first week?

Action Step 1

0% 10 20 30 40 50 60 70 80 90 100%

I need to: _____

Action Step 2

0% 10 20 30 40 50 60 70 80 90 100%

I need to: _____

Action Step 3

0% 10 20 30 40 50 60 70 80 90 100%

I need to: _____

Action Step 4

0% 10 20 30 40 50 60 70 80 90 100%

I need to: _____

16. How will you hold yourself accountable and to whom?