

# Personal Lifestyle Planner (name \_\_\_\_\_; date \_\_\_\_\_)

Below are five lifestyle areas to be addressed with at least one area of change you are willing to consider, depending on the initial test results.

- **MOVEMENT** ☐ Good score and not a concern  
After discussing options, I am willing to make the following changes:

- **NUTRITION** ☐ Good score and not a concern  
After discussing options, I am willing to make the following changes:

- **SUBSTANCE USE** ☐ Good score and not a concern  
After discussing options, I am willing to make the following changes:

- **RECOVERY** (sleep / stress). ☐ Good score and not a concern  
After discussing options, I am willing to make the following changes:

SLEEP -

STRESS -

- ☐ Anxiety / worry
- ☐ Depression
- ☐ Grief / loss
- ☐ History of abuse or neglect
- ☐ Other

- **CONNECTEDNESS** (vs lonely / isolated) ☐ Good score and not a concern  
After discussing options, I am willing to make the following changes:

**An added critical factor for good health:**

- **SPIRITUAL HEALTH** (relationship with the Lord) ☐ Good score and not a concern
- ☐ Prayer life
- ☐ Time in God's Word
- ☐ Fellowship with other believers
- ☐ Other