

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