Personal Health Plan

I.		rerall Optimal Health
	a.	What does Optimal Health mean to you? How would you like to feel and look?
	b.	What is most important to you as you think about your Overall Health? List and/or describe at least 3 values that your vision represents.
	c.	What concerns about your future health do you have based on your current health picture, your lifestyle and family history?
	d.	If nothing changes in your health and well-being choices, what is your likely health scenario 5 to 10 years from now? What would the worst case scenario be?
	e.	If you make significant health behavior changes, what is your likely health scenario 5 to 10 years from now? What would the best case scenario be?

II. Optimal Vision Health

a.	What would Optimal Vision be like for you? What would you do with your vision? How would you like to use your eyes? How would they feel? What would you see/look at?
b.	What is most important to you as you think about your Optimal Vision? List and/or describe at least 3 values that your vision represents.
c.	What concerns about your vision do you have based on your current situation?
d.	If nothing changes in your how you are taking care of your eyes, what is your likely scenario regarding your vision and eye health 5 to 10 years from now? What would the worst case scenario be?
e.	If you make behavior changes around how you are taking care of your eyes, what is your likely scenario regarding your vision and eye health 5 to 10 years from now? What would the best case scenario be?

III. Health Assessment

We view health as encompassing all areas of your life that contribute to your overall wellbeing. We've listed eight areas below that we consider to be particularly important to overall health. For each area below, 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.

Professional Care: Prevention and In Routine screenings such as mammograms, prodental exams, along with prescribed use of vita recommended by your health care providers.	estate screenings, colonoscopies, pap tests,
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?
Eye Care: Prevention and Intervention Routine and recommended eye exams, updating recommended by your eye care providers.	
CURRENT STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?

Nutrition		
Eating a balanced, healthy diet.		
CURRENT STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?	
Movement, Exercise & Rest Activities of daily living like cleaning and gardening as well as walking, running, or cycling balanced with adequate rest and relaxation.		
CURRENT STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?	
Relationships and Communication		
_	vorkers who are supportive and with whom you	
CURRENT STATE 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 STATE 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 STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?	
Physical Environment Spaces where you live/work (light, noise, colo spaces.	r), as well as landscapes surrounding those	
CURRENT STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?	
Mindful Awareness Awareness of the present moment; paying attedding it.	ention to what you are doing while you are	
CURRENT STATE 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 STATE Improvements, changes or enhancements. What would make this area a "10" for you?	

Think about each health area below.

- a. 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:
 - i. Long-term importance of the area to you
 - ii. Immediate benefits to accomplishing the change
 - iii. Your current willingness to take on the challenge of the identified change
- b. Place an 'X' in the column that indicates when you would like to begin working on that area in order to attain your Optimal Overall 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.

Health Area	Rank	Within the next 3 months	Within the Next Year	Next 1-3 Years	No Further Changes Desired
Professional Care					
Eye Care					
Nutrition					
Movement, Exercise and Rest					
Relationships and Communication					
Spirituality					
Physical Environment					
Mindful Awareness					

IV. Next Steps

a.	What area(s) of your overall health or eye health would you like to begin focusing on in your coaching sessions?
b.	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, being able to see family members' faces, etc.
c.	What are some barriers you may encounter in achieving your goals?
d.	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? 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?