WELLNESS SELF-ASSESSMENT

Complete this self-assessment after reading the Living Well Now section.

For each section below, record two areas you would like to improve and steps you will take for improvement. For instance, if you have not seen your primary care physician in the past year for a yearly physical, this can be listed with the action step to make an appointment within the next month.

Then, pick the top three items (from any category) you listed that you would like to achieve in the next month.

Genera	al Healthcare	Check if Priority Item \Box
	ection focuses on ge re management.	eral health items, such as preventative health screenings and blood
1.	Area of concern _	
	Actions to take	
2.	Area of concern _	
	Actions to take	
Parkin	son's Self-Care	Check if Priority Item 🗌

This section focuses on preparing for your doctor's v

This section focuses on preparing for your doctor's visits, emergency and hospital stays. It can also include taking the steps to take charge of your medications and learning about specialists who can be on your wellness team.

1.	Area of concern
	Actions to take
2.	Area of concern
	Actions to take

	ction focuses on participation in exercise programs, improving symptoms such as pain, e, decreased stamina and pursuing physical therapy.	
1.	Area of concern	
	Actions to take	
2.	Area of concern	
	Actions to take	
Diet ar	d Nutrition Check if Priority Item	
This section focuses on changes you would like to make in your diet.		
1.	Area of concern	
	Actions to take	
2.	Area of concern	
	Actions to take	
Emotic	onal Health Check if Priority Item	
This section focuses on treatment of depression, anxiety, apathy, stress reduction, relaxation, social engagement and spiritual growth.		
1.	Area of concern	
	Actions to take	
2.	Area of concern	
	Actions to take	

Check if Priority Item \square

Physical Exercise