

Trilogy of Optimal Health

How Healthy Are You?



HEALTH ASSESSMENT

Please assign a 1-10 (*10 being the best*) in each of the following areas:

Healthy Body

Healthy weight (BMI <25)

Eating healthy

Drinking 60-80 oz of water daily

Sleeping well (7-9 Hours per night)

Exercising regularly (at least 3 x week)

No medications

Active lifestyle

Average Score:

Healthy Mind

No stress

Time for family

Happy & fulfilled

Enjoy job/career or retirement

Spiritual or personal growth

Pursue hobbies or interests

Average Score:

Healthy Finances

Job Security

Debt free (mortgage, credit cards, car payment)

Child's education (private school, college)

Robust retirement fund

Time & money to contribute (charities/church)

Significant immediate income (savings for emergencies)

Greater Cash Flow (travel, extravagant purchases)

Average Score:



Achieving Optimal Health

Healthy Body

Desired Outcome: _____

Due Date: _____

Purpose: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Current Reality: _____



Achieving Optimal Health

Healthy Mind

Desired Outcome: _____

Due Date: _____

Purpose: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Current Reality: _____



Achieving Optimal Health

Healthy Finances/Business

Desired Outcome: _____

Due Date: _____

Purpose: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Goal: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Action Step: _____ Due Date: _____

Current Reality: _____



Achieving Optimal Health

Priority Management

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:00am							
5:30am							
6:00am							
6:30am							
7:00am							
7:30am							
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11:00pm							
11:30pm							

Faith Family Finances Firm Fitness Friends Fun Future