

A Checklist for Health

Health Factor	Concerns
Diet	Do I get the right balance of nutrition from my diet? Do I control fat? Do I eat enough fiber?
Exercise	Do I get enough exercise every day?
Fun	Do I have fun every day?
Water	Do I drink enough water?
Sleep	Am I getting 7-8 hours of sleep?
Urinary function	Do I stay dry?
Bowel function	Am I in control?
Neurological function	Is there a noticeable change in how I function (movement, reactions, vision, hearing, muscle control, etc)? Do I have pain?
Orthopedic function	How is my strength? How are my limbs? How straight is my back?
Body weight	Is it proportional to my height? Am I getting fat?
Skin	How are my feet, legs, and bottom?
Friends and intimacy	Do I have friends? Do I get out in the community?
Sex	Am I interested? Do I need information?
Mobility	Do I get around? Can I drive or use public transportation?
Mental health	Am I happy? Do I like myself? Can I talk about what I do well?
Health care	Do I have a plan for emergencies? Do I have a doctor? When is my next appointment?
Health insurance	Do I have health insurance or another way to get care paid for?
Growth and development	Am I reaching my potential? What would I like to be doing related to school, work, recreation and independence?