

Patient Name

DOB:

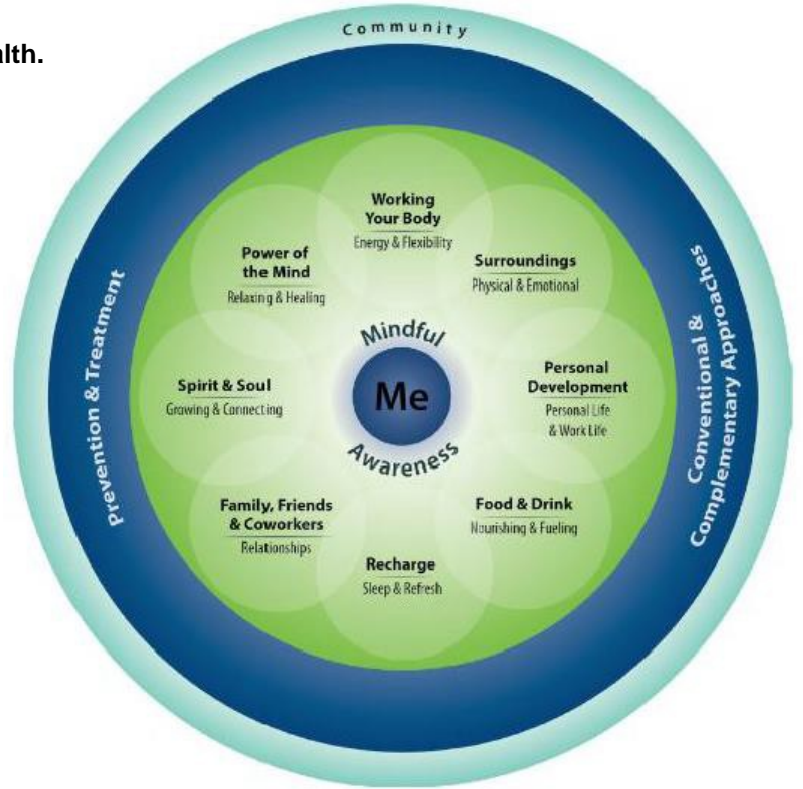
MR #

Index to Questionnaire – Health\Encounter

Date: \_\_\_\_\_

**Use this circle to help you think about your whole health.**

- All areas are important and connected.
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your values and aspirations. Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices help make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community.



Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

1 Miserable	2	<b>Physical Well-Being:</b>	3	4	5 Great
1 Miserable	2	<b>Mental/Emotional Well-Being:</b>	3	4	5 Great
1 Miserable	2	<b>Life: How is it to live your day-to-day life?</b>	3	4	5 Great

**What do you live for? What matters to you? Why do you want to be healthy?**

Write a few words to capture your thoughts:

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Index to Questionnaire – Health\Encounter

**Where You Are and Where You Would Like to Be**

For each area below, consider “Where you are” and “Where you want to be”. Write a number between 1 (low) and 5 (high) that best represents where you are and where you want to be. The goal is not to be perfect in all areas. You do not need to be a “5” in any of the areas now, nor even wish to be a “5” in the future.

Area of Whole Health	Where I am Now (1-5)	Where I Want to Be (1-5)
<b>Working the Body:</b> <i>“Energy and Flexibility”</i> Moving and doing physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.		
<b>Recharge:</b> <i>“Sleep and Refresh”</i> Getting enough rest, relaxation, and sleep.		
<b>Food and Drink:</b> <i>“Nourish and Fuel”</i> Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.		
<b>Personal Development:</b> <i>“Personal life and Work life”</i> Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.		
<b>Family, Friends, and Co-Workers:</b> <i>“Relationships”</i> Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends, and people you work with.		
<b>Spirit and Soul:</b> <i>“Growing and Connecting”</i> Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.		
<b>Surroundings:</b> <i>“Physical and Emotional”</i> Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.		
<b>Power of the Mind:</b> <i>“Relaxing and Healing”</i> Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.		
<b>Professional Care:</b> <i>“Prevention and Clinical Care”</i> Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health.		

**Reflections**

Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

\_\_\_\_\_

Are there any areas you would like to work on? Where might you start?

\_\_\_\_\_

**After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.**

Signature of Patient/Representative \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient is:  Minor  Incompetent / Incapacitated

Legal Authority:  Legal Guardian  Parent of Minor  Health Care Agent  Other \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

This document is informed by work being done through a collaboration between UW Health and the Veteran’s Health Administration’s Office of Patient Centered Care.