

THE CIRCLE OF HEALTH: A BRIEF SELF-ASSESSMENT

For each of the areas below, place a number, 1 - 5, in the outer ring according to the following:

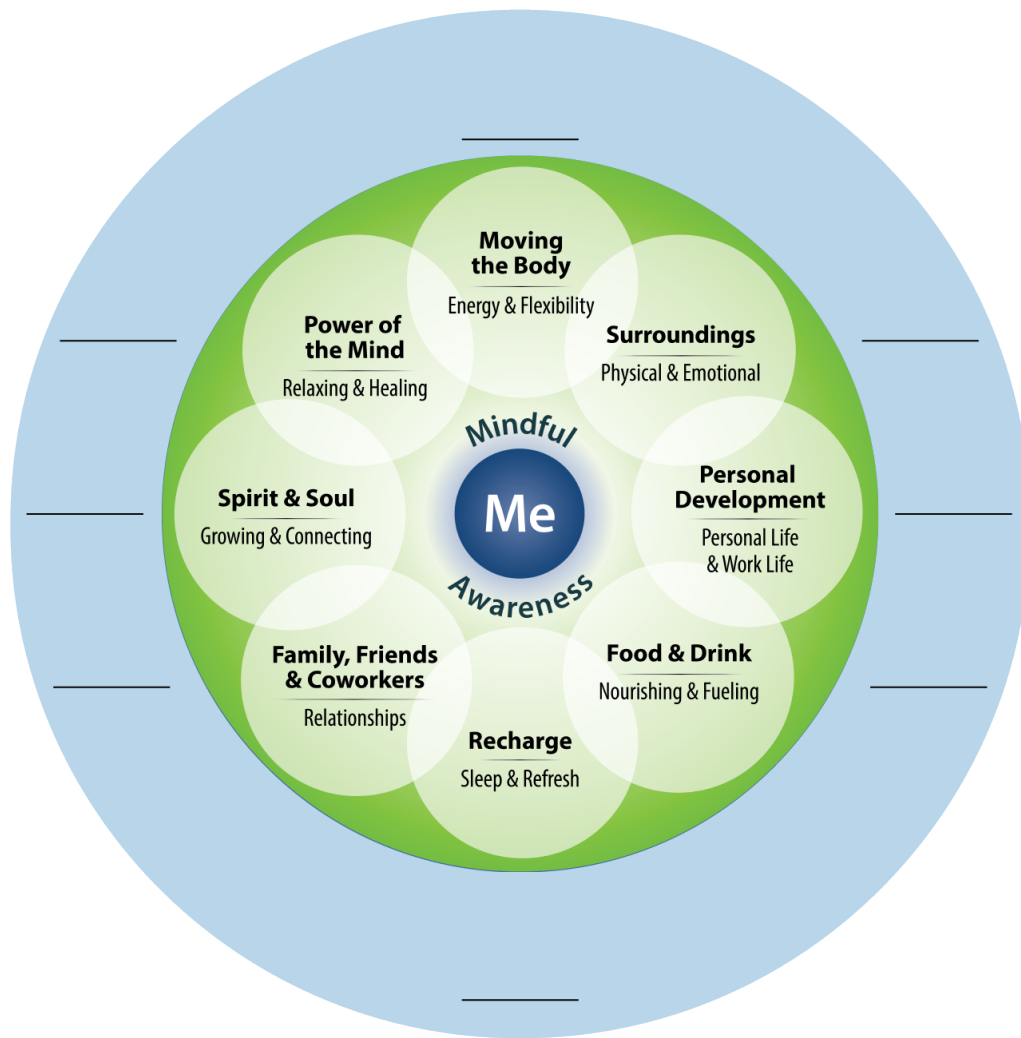
1—I would like more information.

2—I am interested in setting a self-care goal.

3—I would like more support in meeting my goal.

4—I am working toward my goal.

5—I have achieved my goal(s) in this area; this area is one of my strengths.



REFLECTIONS

Please use these questions for further self-reflection.

What areas did you identify as your strengths? How do these areas of strength affect your health?

For what area would you be interested in setting a self-care goal? If you made progress in this area, would it influence any other areas?

Do you see connections between the areas of self-care, as they relate to your life? (For example, is there a connection between Food and Drink and Power of the Mind, because you know that your eating influences your mood?)
