

“It is health that is real wealth not pieces of gold and silver.”

- Mahatma Gandhi

## STEP TWO: YOUR CURRENT HEALTH SNAPSHOT

Step two prompts you to gather several health indicators that reflect your overall health picture. This step will serve as a baseline to reference when completing your Health is Your Wealth plan. Having a strong foundation recorded before moving on to the next steps is important for unlocking your health potential and reaching your wealth goals!

Since this step will serve as the foundation for creating your goals in step four, we urge you to be completely honest when filling out this form. You do not need to share this information with anyone else. For optimal planning, complete this form after a doctor's visit so you are able to record your most accurate and up to date numbers. However, if this is not possible please complete it to the best of your ability.

*\* Some resources to test your blood pressure if not visiting a doctor include most pharmacies and fire departments.*

A project by





## Lifestyle:

### Activity:

Mark which best describes your lifestyle:

Sedentary    Moderately Active    Very Active

### Eating habits:

How often do you eat fruits and vegetables?

Regularly    Not Regularly

### Water:

How often do you drink water?

Regularly    Not Regularly

### Stress:

Does stress regularly interfere with your daily function?

Yes    No

### Happiness:

In general, how do you regularly feel towards your overall life?

Satisfied    Not Satisfied    Indifferent

### Sleep:

Of the following, mark which you regularly experience:

- Wake up tired
- Have trouble falling asleep
- Awaken during the night

### Sexual Health:

Have you or your current partner ever had unprotected sex?

Yes    No

## Habits:

**Alcohol Use:** Do you consume alcohol?

Yes    No

**Tobacco Use:** Do you smoke or have you ever smoked? (including e-cigarettes and marijuana)

Yes    No

**Caffeine Use:** Do you consume caffeine? (including coffee, tea, soda or energy drinks?)

Regularly    Not Regularly

### Drug Use:

Have you ever been prescribed opioids?

Yes    No

### Mobile Device Use:

- Use a mobile device in bed
- Use a mobile device first thing in the morning
- Your mobile device usage affects your interactions with others
- Able to be separated from your mobile device without feeling anxious

## Money Management:

Do you know where you spend your money every month?

Yes    No

Do you know how you will pay off your debt?

Yes    No

Do you have a savings plan?

Yes    No

Do you have cash money you can use in an emergency?

Yes    No