

Personal Health Assessment Checklist

Personal Information

Name:

Age:

Gender:

General Health

- No recent illness or infection
- No chronic pain or discomfort
- Maintain a healthy weight

Lifestyle Habits

- Exercise regularly (at least 3 times/week)
- Balanced nutrition
- Non-smoker
- Limit alcohol consumption
- Manage stress effectively

Screenings & Preventive Care

- Annual physical exam completed
- Blood pressure checked regularly
- Cholesterol level monitored
- Cancer screenings up to date
- Vaccinations up to date

Mental & Emotional Health

- No significant periods of sadness or anxiety
- Good sleep quality
- Positive relationships and support network

Notes

Write any observations or notes...