

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...