



Name _____
Date _____
Pre Post


The Church Health Center Model for Healthy Living


Circle the number on the wheel that best describes your satisfaction in each of these areas (1- unsatisfied, 10- completely satisfied).
Connect the circles. What areas would you like to improve?





 **Faith Life**
Building a relationship with God, your neighbors, and yourself.
1 2 3 4 5 6 7 8 9 10

 **Movement**
Discovering ways to enjoy physical activity.
1 2 3 4 5 6 7 8 9 10

 **Medical**
Partnering with your healthcare provider to manage your medical care.
1 2 3 4 5 6 7 8 9 10

 **Work**
Appreciating your skills, talents, and gifts.
1 2 3 4 5 6 7 8 9 10

 **Emotional**
Managing stress and understanding your feelings to better care for yourself.
1 2 3 4 5 6 7 8 9 10

 **Nutrition**
Making smart food choices and developing healthy eating habits.
1 2 3 4 5 6 7 8 9 10

 **Family & Friends**
Giving and receiving support through relationships.
1 2 3 4 5 6 7 8 9 10