



Public Health
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Accessing your Healthcare Needs

This assessment tool provides you with an overview of your current healthcare plan. After completing the full assessment, you can move on to developing a full self-care plan.

Using the scale below, rate the following areas in terms of satisfaction/frequency:

1=Never 2=Rarely 3 =Sometimes/Occasionally 4=Frequently

Physical Health:

_____ I am happy with my body size and weight

_____ I get at least 7-8 hours of sleep each night

_____ I engage in physical activity for at least 30 minutes per day, 3-4 times per week

_____ I listen to my body. It bounces back quickly when there is something wrong. I try to make adjustments to heal it or seek professional advice.

_____ I have had individuals in my life often encourage me to seek medical help or advice.

_____ I often find myself ignoring my physical health.

_____ I smoke

_____ I drink

_____ I have an untreated health problem

_____ I take medication as prescribed

Score: _____

Social Health:

_____ I am open and honest and get along well with others

_____ I participate in a wide variety of social activities and enjoy being with people.

_____ I try to be a better person and decrease negative behaviors or habits.

_____ I try to see the good in my family and friends and support them as much as I can

_____ I feel comfortable sharing good news and bad news with family or friends

_____ I use social media platforms more as a way to escape or isolate.

_____ I have hobbies that I take part in.

Score: _____



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Spiritual:

_____ I take time to think about what is important in life, who I am, what I value, where I fit in, and where I am going.

_____ I engage in acts of caring and goodwill without expecting something in return.

_____ I sympathize/empathize with those who are suffering and try to help them through difficult times.

_____ I often look at life as an adventure

_____ I often look at life as a punishment

_____ I belong to a church or a fellowship

Score: _____

Emotional:

_____ It is easy for me to show emotions and express them in a positive constructive way

_____ I often times feel misunderstood or non-valued

_____ I have concerns with self-esteem, self-confidence, or negative self-talk

_____ I know when I am stressed or angry and use coping mechanisms to relax

_____ I use drugs and or alcohol as a way to cope with life problems

_____ Individuals in my life have made comments about my emotional well-being

_____ I feel like I may have an undiagnosed mental health concern

_____ I have frequent feelings of hurting myself or committing suicide

_____ I engage in self-harm activities

_____ I have attempted suicide

Score: _____

Intellectual:

_____ I carefully consider my options and possible consequences as I make choices in life

_____ I learn from my mistakes and try to act differently the next time

_____ I manage time well

_____ I make good financial decisions

_____ I have a strong work ethic

_____ I can solve most problems in my life

Score: _____



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Please place a mark next to the healthcare need that you would like assistance with.

- Establishing a primary care doctor
- Establishing a primary dentist
- Optometrist
- Food insecurities
- Financial assistance (County Relief)
- Assistance with paying for medications
- Mental Health Provider
- Substance abuse Provider
- Home Health Services
- VA Services
- Crisis Stabilization services
- Transportation services
- Vocational Rehabilitation

Please share any additional comments that may help in creating a self-care plan.

Signature: _____ **Date:** _____ **Choice of Contact Information** _____



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