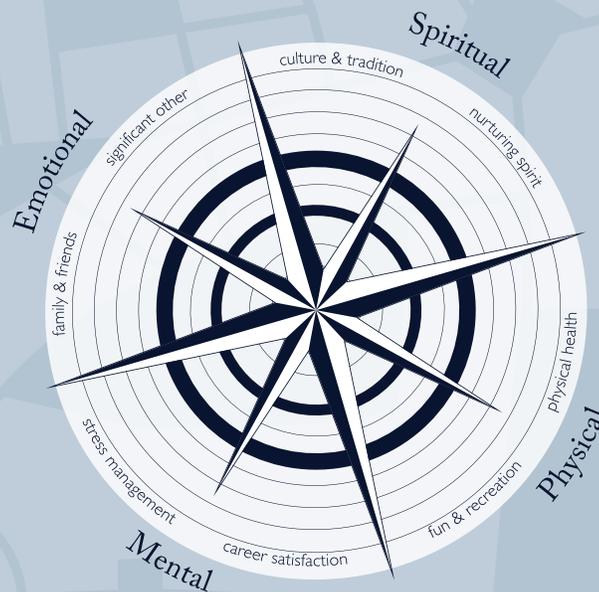


PLANNING YOUR JOURNEY TO  
**WELLNESS**

*A Road Map*

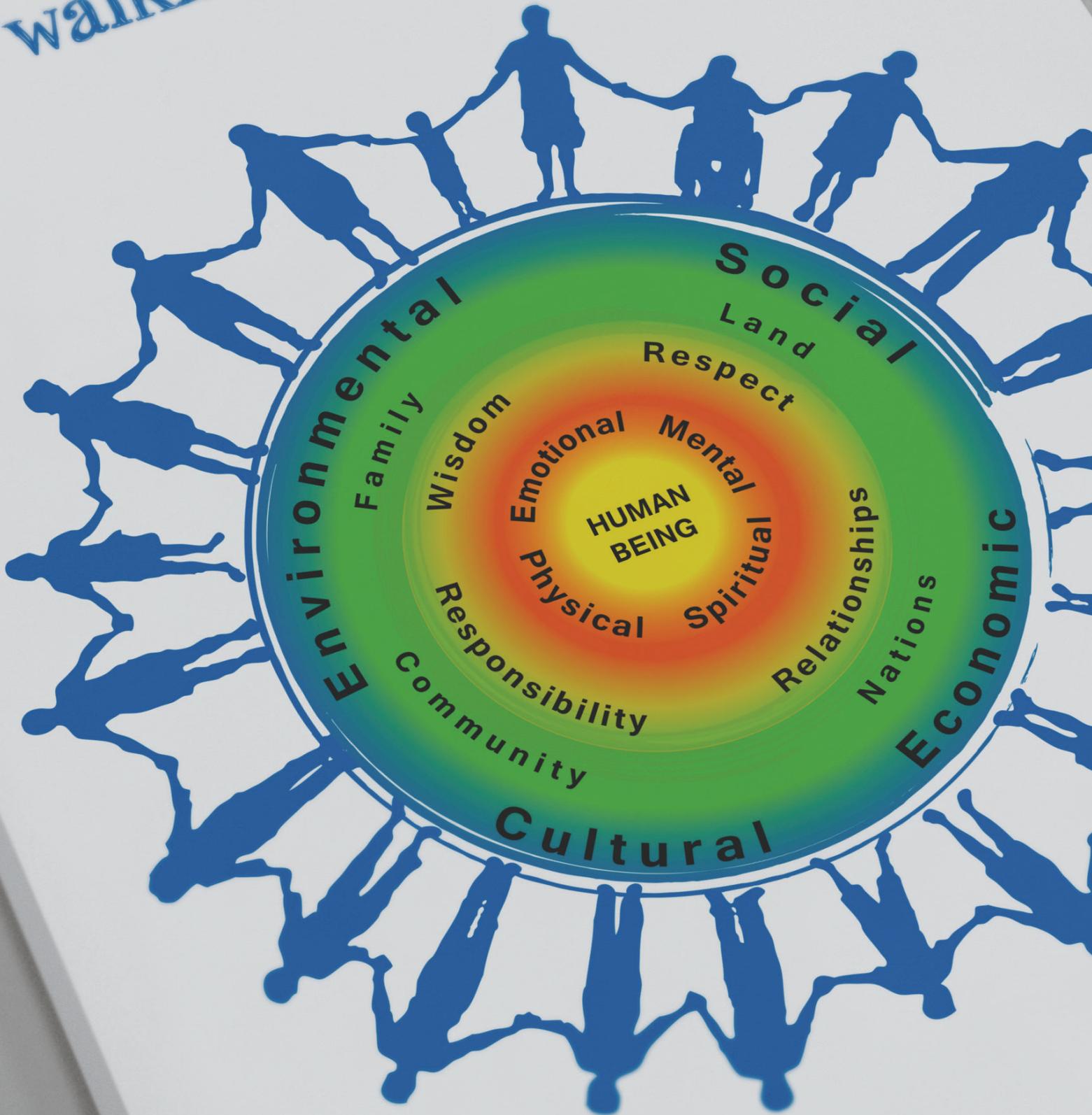


First Nations Health Authority  
Health through wellness



**I AM WALKING MY  
INNER CIRCLE**

Walking my Inner Circle



# I CAN DO IT!



## Commitment

What is your present level of commitment to addressing any changes needed that relate to your lifestyle?  
**Rate from 0 to 10, 10 being fully committed:**

0 1 2 3 4 5 6 7 8 9 10

## Strength

What behaviours or lifestyle habits do you currently engage in regularly that you believe support your health?

---

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What behaviours or lifestyle habits do you currently engage in regularly that you believe are self destructive?

---

---

## Support

Who do you know that will sincerely and consistently support you with the beneficial lifestyle changes that you will be making?

---

## Manage

What is your present level of stress (psychological, physical, workplace)?  
**Rate from 0 to 10, 10 being totally stressed out.**

0 1 2 3 4 5 6 7 8 9 10

What do you love to do?

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---

## Wellness

### Self Assessment

How often have you been physically active this week (30 minute intervals of moderate (walking) to intense activity)?

0 1 2 3 4 5 6 7

How many 8 oz (1 cup) glasses of water did you drink yesterday?

0 1-3 4-7 8-10

How many servings of fruit/vegetables did you have yesterday (1 serving = 1 half cup)?

0 1-3 4-7 8-10

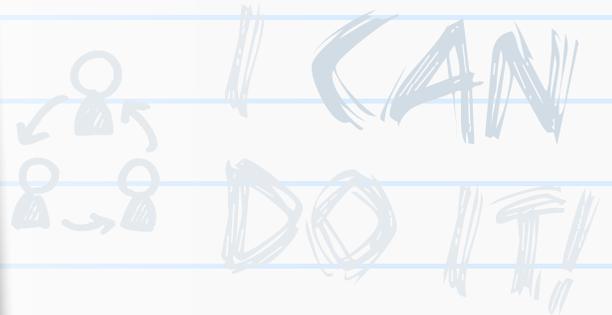
How many servings of traditional foods have you had this past week?

0 1-3 4-7 8-10

Do you need to quit smoking?

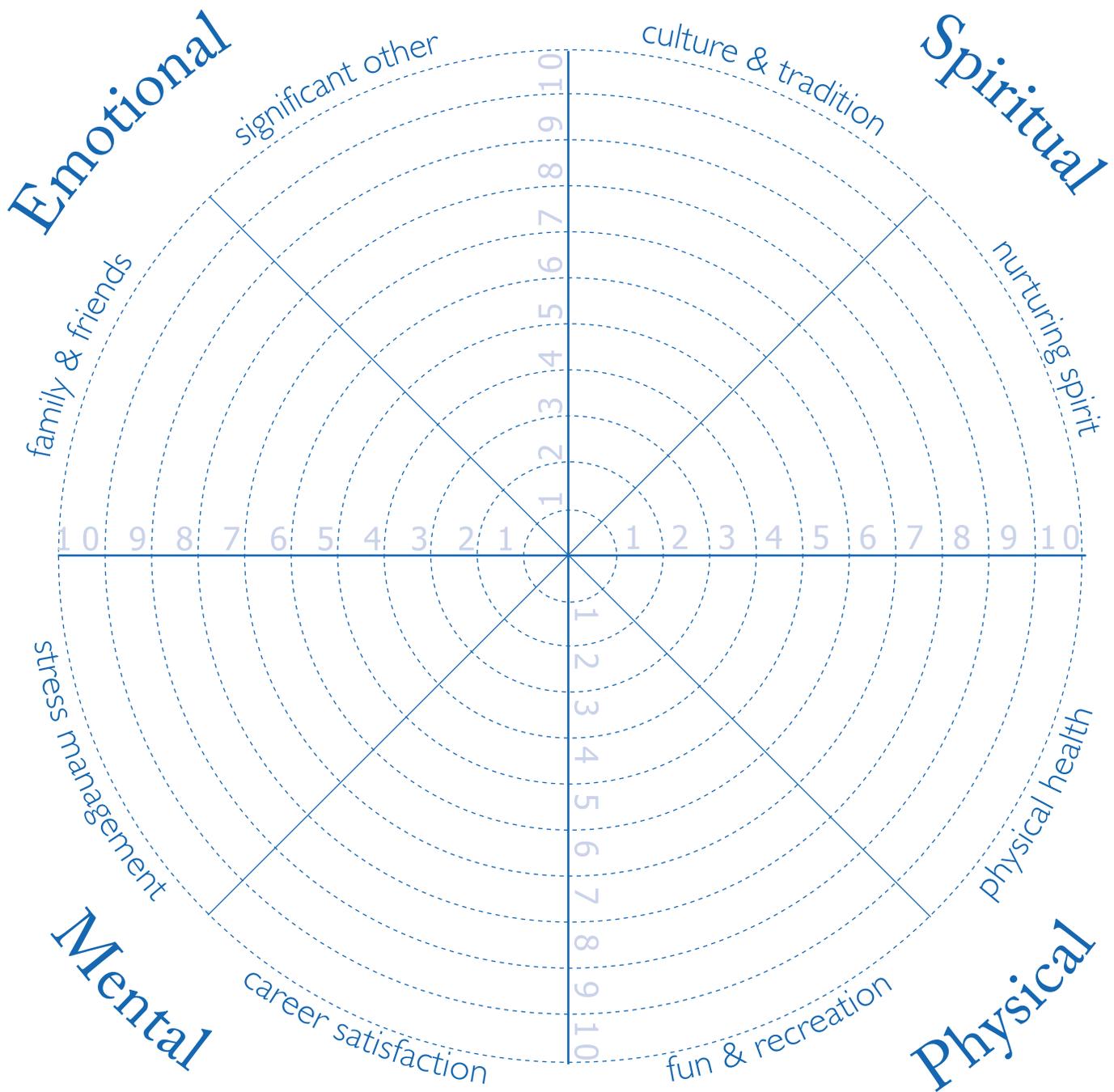
Yes

No



# WALKING YOUR INNER CIRCLE

Wellness is a balance of many factors. Using the circle below, shade your level of satisfaction in each area of your life. Use the considerations on the next page to determine your satisfaction in your physical, spiritual, emotional and mental health and wellness. For example, if you are 60% satisfied in your career, shade the first six levels of the career slice. Do the same for each area, starting from the center point radiating outward.



# WHERE AM I?

Use the guiding questions below to filling in your wellness wheel. While examples are provided, this is your journey, feel free to interpret each quadrant as you see fit.

## Physical

### PHYSICAL HEALTH

Do you have any health conditions that currently are affecting you? If you have no health concerns you would shade in 100% of the slice.

### FUN/RECREATION

Are you satisfied with the amount of time you have for your hobbies and sports?

## Spiritual

### CULTURE/TRADITION

Are you satisfied with the amount of participation you engage in your culture or your traditions?

### NURTURING YOUR SPIRIT

Are you taking care of your spirit? (ceremonies, religion, meditating, creative expressions etc).

## Emotional

### SIGNIFICANT OTHER

Are you satisfied with the intimate relationship you are in?

### FAMILY & FRIENDS

Are you satisfied with the relationships you have in your life?

## Mental

### CAREER

How satisfied are you in your job/career? Are you achieving an ideal work/life balance?

### STRESS MANAGEMENT

Are you managing your stress? (yoga, deep breathing, physical activity, being on the land, etc)

## *A Perfect Balance?*

HOW BALANCED IS YOUR WELLNESS WHEEL? What does your wheel reveal how you spend your time? Do you find that you are focused only your strengths? What aspects do you need to focus on to achieve balance?

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# GOAL SETTING

What goals would you like to achieve this year in terms of your personal health and wellness? A great way to set goals is to begin by writing them down. It's also a good idea to share your goals with trusted family and friends who will support you on your wellness journey. Listed below are a few questions that may assist you in thinking about some goals you may consider working towards this year.

## Ask Yourself...

What do you want more of in your life?

---

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If you had \_\_\_\_\_ how would that make you feel?

---

What physical activity, healthy eating, mental wellness and spiritual wellness activities will help you get more of what you want?

---

---

## My Goals

1 \_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

Set *Smarter Goals* that are

**SPECIFIC** I will walk every day.

**MEASURABLE** I will walk 10,000 steps a day.

**ATTAINABLE** I will walk in the rain, snow or hail.

**REALISTIC** I will walk to and from work each day.

**TIMEFRAME** I will walk to and from work for the next MONTH and will re-evaluate this goal after the month.

**EVERYBODY CARES** I will share my goals and desired changes with trusted family and friends.

**RESOURCES** I will make a list of the things I need to add or take away from my routine in order to help me achieve my goals.

## Healthy Habits

Whenever you set a goal to remove an unhealthy habit, you need to add a healthy habit. (i.e. if you are going to stop drinking pop, replace the habit with drinking herbal teas such as peppermint tea.)

# FNHA Wellness Assessment

## NURTURING SPIRIT

These are the aspects of your life that give you a sense of purpose, make you feel connected, and make you smile.

How balanced do you feel in the mental, emotional, spiritual, and physical aspects of your life?

- Very balanced ..... Low health risk
- Sometimes ..... Reduced health risk
- Not balanced at all ..... Elevated health risk

Do you feel connected to family and/or friends?

- Very much ..... Low health risk
- Sometimes ..... Reduced health risk
- No ..... Elevated health risk

Do you ever feel sad or unhappy?

- Rarely ..... Low health risk
- Sometimes ..... Reduced health risk
- Often ..... Elevated health risk

## BEING ACTIVE

These are the aspects of your life that get your body moving for fun, fitness or holistic health.

I do 150 minutes of moderate to vigorous aerobic physical activity every week

- Yes, most of the time ..... Low health risk
- Some of the time ..... Reduced health risk
- Not often ..... Elevated health risk

I do muscle and bone strengthening activities at least 2 days per week

- Yes, most of the time ..... Low health risk
- Some of the time ..... Reduced health risk
- Not often ..... Elevated health risk

I limit my recreational screen time to no more than 2 hours per day

- Yes, most of the time ..... Low health risk
- Some of the time ..... Reduced health risk
- Not often ..... Elevated health risk

I limit my sedentary (motorized) transportation and sitting for long periods of time

- Yes, most of the time ..... Low health risk
- Some of the time ..... Reduced health risk
- Not often ..... Elevated health risk

## MAINTAINING A HEALTHY BODY WEIGHT

Has your weight changed unintentionally in the past 6 months?

- Yes, I have gained more than 5 pounds ..... Elevated health risk
- No, my weight has stayed within a few pounds ..... Reduced health risk
- Yes, I have lost more than 5 pounds ..... Elevated health risk
- I don't know ..... Risk unknown

Have you tried to change your weight?

.....

Do you ever feel that your weight is affecting your overall wellness?

.....

# FNHA Wellness Assessment

## EATING HEALTHY

These are the aspects of your life that impact the food available to nourish your body and soul.

How many vegetables and fruit servings do you eat in a day? (A serving is about ½ a cup or one small vegetable or fruit, the size of a tennis ball.)

- 7 or more servings per day ..... Low health risk
- 4-6 servings per day ..... Reduced health risk
- 3 or less servings per day ..... Elevated health risk

I often worry that food will run out before month end.

- No ..... Reduced health risk
- Yes ..... Elevated health risk

How often do you eat traditional foods?

- Almost daily ..... Low health risk
- 2-3 times per week ..... Reduced health risk
- Not often ..... Elevated health risk

What are some aspects of your eating pattern that are benefiting your wellness?

.....

What are some aspects of your eating pattern that you would like to change?

.....

## OPTIMIZING HEALTH

These are other aspects of your life that can impact your holistic health and wellness.

Blood Pressure (mmHg)

- Less than 130/85 ..... At target
- 130/86-139/89 ..... Slightly elevated
- 140/90-159/99 ..... Elevated
- 160/100 or higher ..... Too high - see Dr.

Blood Glucose (mmol/L)

Fasting

- Less than 6.1 ..... At target
- Between 6.1-6.9 ..... Elevated - see Dr.
- Greater than 7.0 ..... Too high - see Dr.

Random

- Less than 7.8 ..... At target
- Between 7.8-11.0 ..... Elevated - see Dr.
- Greater than 11.0 ..... Too high - see Dr.

Hemoglobin A1c (%)

If you have not previously been diagnosed with diabetes:

- Less than 6.0 ..... At target
- Between 6.0-6.4 ..... Elevated - see Dr.
- Greater than 6.5 ..... Too high - see Dr.

If you have previously been diagnosed with diabetes:

- Less than 7.0\* ..... At target
- Greater than 6.5 ..... Elevated - see Dr.

\* between 7.1-8.5 for some people – discuss your target with your doctor

Total Cholesterol/HDL-C Ratio

- Less than 4.0 ..... At target
- Between 4.0-4.9 ..... Slightly elevated
- Between 5.0 – 5.9 ..... Elevated
- Greater than 6.0 ..... Too high - see Dr.

## MEDICAL HEALTH

Do you have a family doctor?

.....

If yes, do you have regular visits with your family doctor for routine medical care?

.....

If no, when was the last time you saw a doctor?

.....

# FNHA Wellness Assessment

## DENTAL HEALTH

Do you have access to dental care in your community or in a nearby centre?  
.....

Do you receive regular dental care?  
.....

## RESPECTING TOBACCO

When tobacco is used in a traditional way, it benefits the spirit and strengthens the ties to one's culture. Tobacco used in a non-traditional manner, like smoking cigarettes or chewing tobacco/snuff, can increase your risk of premature death and illness such as lung diseases, heart disease, certain types of cancer, and pregnancy risks. *These questions refer to tobacco that is used in a non-traditional manner.*

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> I have never smoked .....                                  | Low health risk       |
| <input type="checkbox"/> I quit smoking more than 2 years ago.....                  | Reduced health risk   |
| <input type="checkbox"/> I quit smoking less than 2 years ago .....                 | Elevated health risk  |
| <input type="checkbox"/> I don't smoke, but I am exposed to second hand smoke ..... | Elevated health risk  |
| <input type="checkbox"/> I smoke a pipe, cigar, and/or chew tobacco .....           | High health risk      |
| <input type="checkbox"/> I smoke 10 cigarettes or less per day .....                | High health risk      |
| <input type="checkbox"/> I smoke 11-19 cigarettes per day .....                     | High health risk      |
| <input type="checkbox"/> I smoke more than 20 cigarettes per day .....              | Very high health risk |

If you use tobacco in a non-traditional manner and are a current smoker, or use pipes, cigars, or chewing tobacco, answer the following questions:

Have you attempted to quit previously? If yes, how many quit attempts have you made?  
.....  
.....

Are you interested in quitting?  
.....  
.....

What resources or supports do you believe would help enable you to quit?  
.....  
.....

# NOTES

# NOTES

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