Keep Yourself Healthy - Create Your Plan

Questionnaire

How Do You Define “Good Health” (self-assessment)

- Do you get enough sleep at night?  YES / NO
- Do you regularly participate in physical activity?  YES / NO
- Do you eat healthy meals with lots of vegetables and fruits on a regular basis?  YES / NO
- Do you have good ways to eliminate stress such as laughing and taking deep breaths?  YES / NO
- Do you have enough time for friends, family, important fun activities, and/or yourself?  YES / NO