

Key measure card

Name _____

Date _____



KEY FACTORS
OF YOUR
OWN HEALTH

IN EACH KEY FACTOR, CHECK WHETHER YOU'RE HAPPY WITH IT
OR IF YOU WANT CHANGE AND GUIDANCE

| | I'm happy with the current | I only need some fine tuning | I hope for a change and guidance in it |
|--|----------------------------|------------------------------|--|
| 1. Diet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sleep | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stress level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Alcohol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Smoking I do not smoke <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Blood glucose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Waist measure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Blood lipid levels (LDL and HDL cholesterol, triglycerids) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reference: Turku R. Muutosta tukemassa
– Valmentava elämäntapaohjaus.
Helsinki: Edita, 2007.