

Healthy Choices (cont'd)

	GOALS
3. ALCOHOL, TOBACCO AND OTHER DRUG (cont'd)	
<ul style="list-style-type: none"> Any other concerns about my current medication or other substance use? _____ Explain nature of use: _____ _____	_____ _____ _____
4. SEXUAL HEALTH	
<ul style="list-style-type: none"> Do I use condoms to prevent infection? _____ Is my sex life satisfying? _____ 	_____ _____
5. SAFETY	
<ul style="list-style-type: none"> Do I wear a seatbelt? _____ Do I wear a helmet on a bike or motorcycle? _____ Do I have a working smoke alarm in my house? _____ Is there a gun in my home? _____ If yes, is it locked? _____ Is it loaded? _____ 	_____ _____ _____ _____ _____
<ul style="list-style-type: none"> Am I in a safe relationship? _____ (Consider your situation without making a notation here.) If anything in your relationship is making you scared or uncomfortable, you can call 1-800-799-7233 (SAFE).	

Healthy Choices (cont'd)

	GOALS
6. MANAGING HEALTH PROBLEMS	
<ul style="list-style-type: none"> Do I have any chronic health problems (such as diabetes or high blood pressure?) _____ Am I following my doctor's recommendations regarding medication? Diet? Exercise? (etc.) _____ Do I get check-ups as recommended? _____ 	_____ _____ _____ _____
7. STRESS (family, work, self, etc.)	
_____ _____	_____ _____
8. REWARDS AND HEALING ACTIVITIES	
<ul style="list-style-type: none"> What have I done this week to restore my spirit? (examples: meditation, prayer, music...) _____ 	_____ _____ _____ _____