



Personal Health Assessment Form

Name: _____ Date: _____

Age: _____ Sex: _____

Height (in.): _____ Weight (lbs.): _____

Waist Size (in.): _____

BMI: Use the chart provided on the BMI chart link

wt (lbs.) _____ X ht (in.) _____

BMI Ranges:

- < 18.5 = underweight
- 18.5 – 24.9 = normal weight
- 25. – 29.9 = overweight
- > 30. = obese

My BMI indicates that I am: (please check one)

- underweight
- normal weight
- overweight
- obese

My Risk Factors are: (please circle risk and fill blanks)

- high blood pressure (hypertension) _____
- high LDL cholesterol (bad cholesterol) _____
- low HDL cholesterol (good cholesterol) _____
- high triglycerides _____
- high blood glucose (sugar) _____
- family history of premature heart disease
- physical inactivity
- cigarette smoking

My Physical activity level is: (please check one)

- sedentary
- moderately active
- active

- **Sedentary** means a lifestyle that includes only the light physical activity associated with typical day-to-day life.
- **Moderately Active** means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.
- **Active** means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the light physical activity associated with typical day-to-day life.

A healthy weight range for my height is: (based on the BMI chart) _____

Estimated daily calorie needs, my goal: _____

Physician Recommendations: _____



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Goal Form

Date: _____

Weight Goals: _____

Eating Goals: _____

Physical Activity Goals: _____

Stress Reducing Goals: _____

Additional Comments: _____
