

Age Well Live Well – Self Assessment

Healthy

Do you feel your overall health is (Check one)

- Excellent Good Poor
 Very good Fair

How often do you engage in physical activity?

- Never 3-5 days a week
 Less than 3 days a week More than 5 days a week

Do you consider the intensity of your physical activity to be (Check one)

- Light Moderate High

Do you use tobacco?

- Yes No

Do you eat the recommended five daily servings of fruit or vegetables?

- Yes No

How many hours of sleep do you get a night?

- Less than 4 hours 4-8 hours
 More than 8

How would you describe your sleep? (Check one)

- Good Average Poor

Do you get annual checkups?

- Yes No

Do you know what your cholesterol level is? (Check one)

- Low High
 Average I don't know

Do you know what your glucose level is? (Check one)

- Low High
 Average I don't know

Do you have any of the following conditions? (Check all that apply)

- Anxiety Cancer High cholesterol
 Arthritis Depression High blood pressure
 Back, neck or spinal problems Diabetes Stroke
 Heart disease

Now that you have assessed your health:

- 1. Share your completed self-assessment with your health care professional to develop a plan of action so you can Age Well and Live Well!*
- 2. Get a free copy of the Texercise handbook to learn more about regular physical activity and nutrition. Contact Texercise at 800-889-8595.*
- 3. Visit www.AgeWellLiveWell.org to learn more about healthy options.*

Connected

How satisfied are you with your social and community involvement? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Somewhat Dissatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Dissatisfied |
| <input type="checkbox"/> Neutral | |

How do you stay engaged with your community? (E.g. local community, activity or senior center, faith based organization, online, civic organizations, family/friends)

How often do you participate in community events or volunteer in your community?

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Weekly | |

Informed

Are you aware of the issues associated with aging?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If you need assistance (medical, financial, physical, emotional, etc.), do you know where to get it?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Where do you go to get information?

Now that you have assessed your resource awareness:

- 1. Learn more about federal and state programs and services with the Age Well Live Well resources sheet, or on our website: www.AgeWellLiveWell.org.*
- 2. Contact your local Area Agency on Aging to find out about services for which you may qualify. Call 800-262-9240.*
- 3. Share information on available programs and services with others.*

