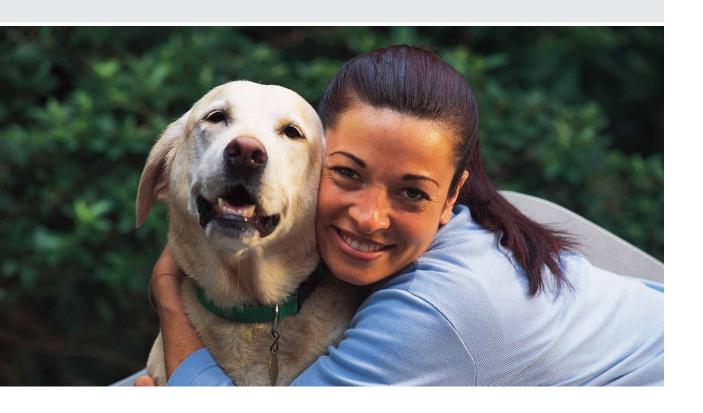


### My Whole Health Tracker

Part Two: Additional Weeks - Work on your weekly action plans, revisit your individual health and resiliency goals and access your progress.



What?
How much?
How often?
When?
Confidence level?

Day	What I did	Was it helpful?	What can I do tomorrow?
MON		☐ YES ☐ NO	
TUE		☐ YES	
WED		☐ YES	
THU		☐ YES	
FRI		☐ YES	
SAT		☐ YES	
SUN		☐ YES	



Name				_	ato:		
Name:				D	ate:		
Mental Health Agency:							
Care Manager or Peer Counselor							
					1		
Please rate 1-5 with 5 being the best:	MON	TUE	WED	THU	FRI	SAT	SUN
Healthy eating:							
Physical activity:							
Restful sleep:							
Stress management:							
Service to others:							
Support network:							
Maintaining a positive outlook on life:							
Catching, checking, and changing negative self-talk:							
Spiritual beliefs and practices:							
Having a sense of meaning and purpose in life:							
	'						
Did you follow your action plan t	his week?	Y	ES N	10			
Notes:							

What is the one thing you accomplished this week that you are most proud of?
As you work on your weekly action plans, you may find it necessary to revisit and possibly revise your goal. Please use the space below to update or revise your goal as necessary.
Notes and additional thoughts:

What?
How much?
How often?
now orten:
When?
Confidence level?

Day	What I did	Was it helpful?	What can I do tomorrow?
MON		☐ YES	
TUE		☐ YES	
WED		☐ YES	
THU		☐ YES	
FRI		☐ YES	
SAT		☐ YES ☐ NO	
SUN		☐ YES	



				D	ate:		
Mental Health Agency:							
Care Manager or Peer Counselor							
J							
Please rate 1-5 with 5 being the best:	MON	TUE	WED	THU	FRI	SAT	SUN
Healthy eating:							
Physical activity:							
Restful sleep:							
Stress management:							
Service to others:							
Support network:							
Maintaining a positive outlook on life:							
Catching, checking, and changing negative self-talk:							
Spiritual beliefs and practices:							
Having a sense of meaning and purpose in life:							
h. h			I				
Did you follow your action plan t	his week?	Y	ES N	NO			
otes:							

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How often?
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Confidence level?

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TUE		☐ YES	
WED		☐ YES	
THU		☐ YES	
FRI		☐ YES ☐ NO	
SAT		☐ YES	
SUN		☐ YES ☐ NO	



Name:				Da	ate:		
Mental Health Agency:							
Care Manager or Peer Counselo	or:						
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Healthy eating:							
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Support network:							
Maintaining a positive outlook on life:							
Catching, checking, and changing negative self-talk:							
Spiritual beliefs and practices:							
Having a sense of meaning and purpose in life:							
Did you follow your action plan	this week?	Y	ES []	NO			
Votes:							

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SAT		☐ YES ☐ NO	
SUN		☐ YES	



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Did you follow your action plan t	his week?	Y	ES N	NO			
otes:							
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How often?
When?
Confidence level?
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WED		☐ YES	
THU		☐ YES	
FRI		☐ YES ☐ NO	
SAT		☐ YES	
SUN		☐ YES ☐ NO	

Name:				Da	ate:		
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WED		☐ YES	
THU		☐ YES	
FRI		☐ YES ☐ NO	
SAT		☐ YES	
SUN		☐ YES ☐ NO	



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Did you follow your action plan t	his week?	Y	ES N	NO			
Votes:							
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THU		☐ YES	
FRI		☐ YES	
SAT		☐ YES	
SUN		☐ YES	

Name:				D	ate:		
Mental Health Agency:							
Care Manager or Peer Counselor	:						
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#### **Acknowledgements**

A very special thank you to Larry Fricks and Ike Powell of the Appalachian Consulting Group, Inc. of Cleveland, Georgia, who created the materials that we adapted with their permission.



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