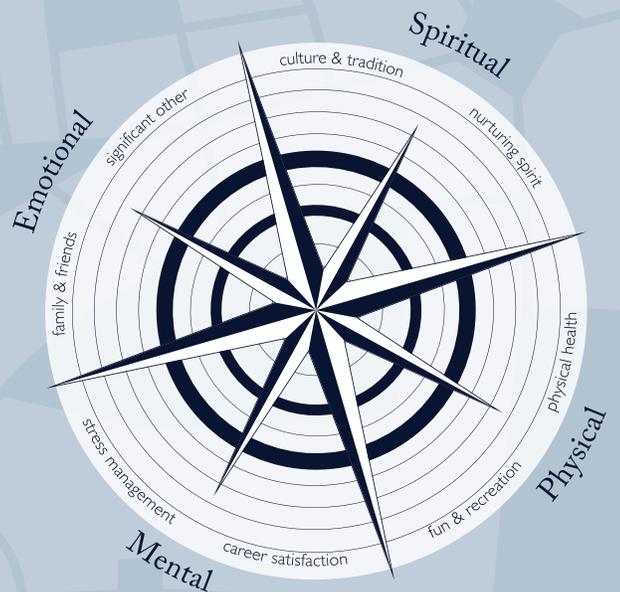


PLANNING YOUR JOURNEY TO **WELLNESS**

A Road Map



First Nations Health Authority
Health through wellness



I AM WALKING MY
INNER CIRCLE

n walking my Inner Circle



I CAN DO IT!

Commitment

What is your present level of commitment to addressing any changes needed that relate to your lifestyle?

Rate from 0 to 10, 10 being fully committed:

0 1 2 3 4 5 6 7 8 9 10

Strength

What behaviours or lifestyle habits do you currently engage in regularly that you believe support your health?

Are there any behaviours or lifestyle habits you currently engage in that do not contribute to your wellness?

Support

Who do you know who will sincerely and consistently support you with the beneficial lifestyle changes that you will be making?

Manage

What is your present level of stress (psychological, physical, workplace)?

Rate from 0 to 10, 10 being totally stressed out.

0 1 2 3 4 5 6 7 8 9 10

What do you love to do?

Wellness

Self Assessment

How often have you been physically active this week (30 minute intervals of moderate [walking] to intense activity)?

0 1 2 3 4 5 6 7

How many 8 oz (1 cup) glasses of water did you drink yesterday?

0 1-3 4-7 8-10

How many servings of fruit/vegetables did you have yesterday (1 serving = 1 half cup)?

0 1-3 4-7 8-10

How many servings of traditional foods have you had this past week?

0 1-3 4-7 8-10

Do you need to quit smoking?

Yes

No

WHERE AM I?

Use the guiding questions below to fill in your wellness wheel. While examples are provided, this is your journey, so feel free to interpret each quadrant as you see fit.

Physical

PHYSICAL HEALTH
Do you have any health conditions that currently are affecting you? If you have no health concerns you would shade in 100% of the slice.

FUN/RECREATION
Are you satisfied with the amount of time you have for your hobbies and sports?

Spiritual

CULTURE/TRADITION
Are you satisfied with how often you participate in your culture or your traditions?

NURTURING YOUR SPIRIT
Are you taking care of your spirit (e.g., ceremonies, religion, meditating, creative expressions, etc.)?

Emotional

RELATIONSHIPS
Are you in a long-term relationship? Are you satisfied? Do you want to be in a long-term relationship?

FAMILY AND FRIENDS
Are you satisfied with the relationships you have in your life?

Mental

CAREER
How satisfied are you in your job/career? Are you achieving an ideal work/life balance?

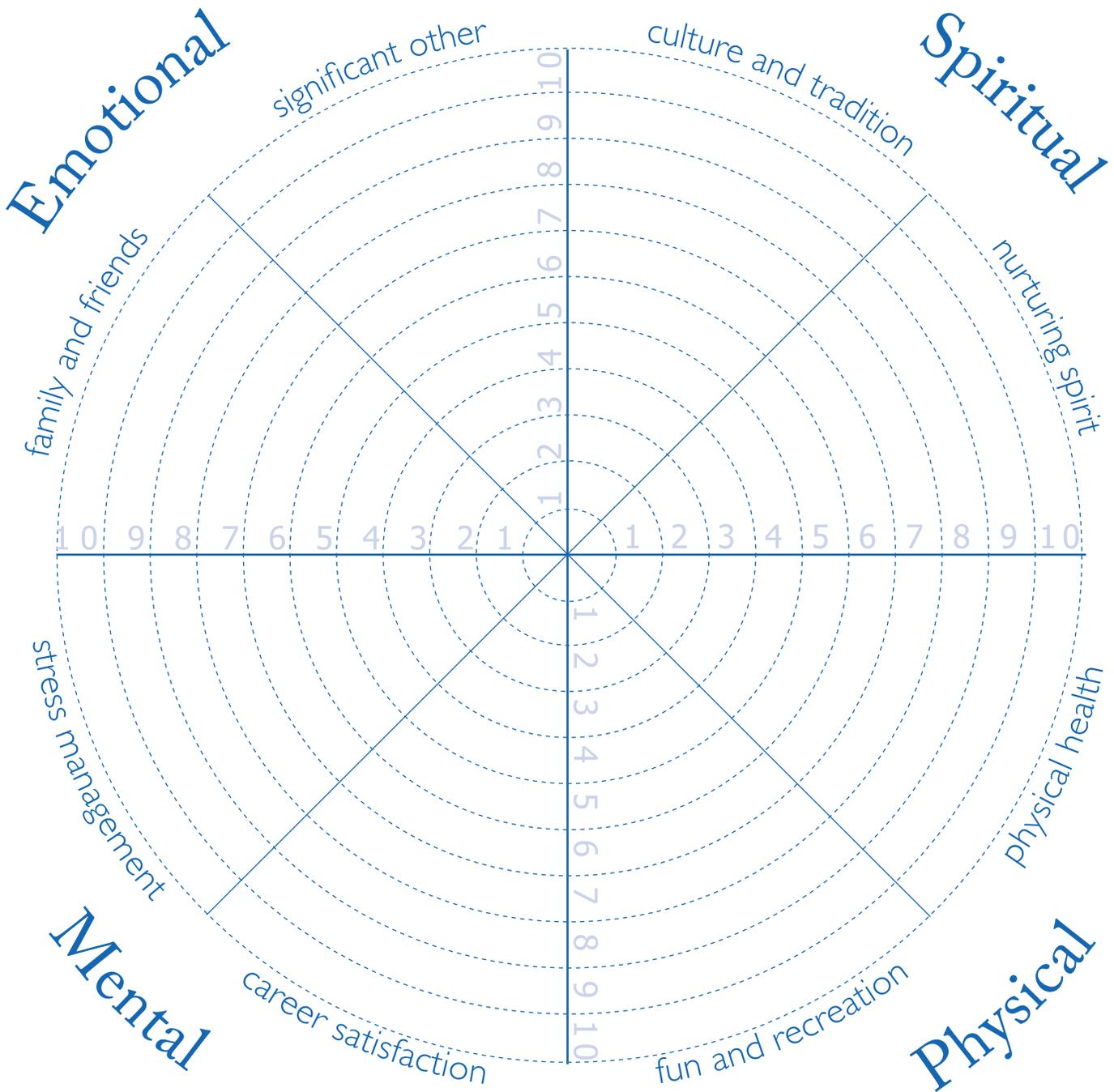
STRESS MANAGEMENT
Are you managing your stress (e.g., yoga, deep breathing, physical activity, being on the land, etc.)?

A Perfect Balance?

HOW BALANCED IS YOUR WELLNESS WHEEL? What does your wheel reveal about how you spend your time? Do you find that you are focused only on your strengths? What aspects do you need to focus on to achieve balance?

WALKING YOUR INNER CIRCLE

Wellness is a balance of many factors. Using the circle below, shade your level of satisfaction in each area of your life. Use the considerations on the previous page to determine your satisfaction in your physical, spiritual, emotional and mental health and wellness. For example, if you are 60% satisfied in your career, shade the first six levels of the career slice. Do the same for each area, starting from the centre point radiating outward.



GOAL SETTING

What goals would you like to achieve this year in terms of your personal health and wellness? A great way to set goals is to begin by writing them down. It's also a good idea to share your goals with trusted family and friends who will support you on your wellness journey. Listed below are a few questions that may assist you in thinking about some goals you may consider working towards this year.

Ask Yourself...

What do you want more of in your life?

If you had _____ how would that make you feel?

What physical activity, healthy eating, mental wellness and spiritual wellness activities will help you get more of what you want?

My Goals

1 _____

2 _____

3 _____

Set *Smarter Goals* that are

SPECIFIC I will walk every day.

MEASURABLE I will walk 10,000 steps a day.

ATTAINABLE I will walk in the rain, snow or hail.

REALISTIC I will walk to and from work each day.

TIMEFRAME I will walk to and from work for the next MONTH and will re-evaluate this goal after the month.

EVERYBODY CARES I will share my goals and desired changes with trusted family and friends.

RESOURCES I will make a list of the things I need to add or take away from my routine in order to help me achieve my goals.

Healthy Habits

Whenever you set a goal to remove an unhealthy habit, you need to add a healthy habit. (e.g., if you are going to stop drinking pop, replace the habit with drinking herbal teas such as peppermint tea).

FNHA Wellness Assessment

NURTURING SPIRIT

These are the aspects of your life that give you a sense of purpose, make you feel connected, and make you smile.

How balanced do you feel in the mental, emotional, spiritual, and physical aspects of your life?

- Very balanced..... Low health risk
- Sometimes..... Reduced health risk
- Not balanced at all..... Elevated health risk

Do you feel connected to family and/or friends?

- Very much..... Low health risk
- Sometimes..... Reduced health risk
- No Elevated health risk

Do you feel connected to spirit?

- Very much..... Low health risk
- Sometimes..... Reduced health risk
- No Elevated health risk

Do you ever feel sad or unhappy?

- Rarely Low health risk
- Sometimes..... Reduced health risk
- Often Elevated health risk

BEING ACTIVE

These are the aspects of your life that get your body moving for fun, fitness or holistic health.

Do you get 150 minutes of moderate to vigorous physical activity every week?

- Yes, most of the time Low health risk
- Some of the time Reduced health risk
- Not often..... Elevated health risk

Do you do muscle and bone strengthening activities at least two days per week?

- Yes, most of the time Low health risk
- Some of the time Reduced health risk
- Not often..... Elevated health risk

Do you limit your recreational screen time to no more than two hours per day?

- Yes, most of the time Low health risk
- Some of the time Reduced health risk
- Not often..... Elevated health risk

Do you limit sitting for long periods of time

- Yes, most of the time Low health risk
- Some of the time Reduced health risk
- Not often..... Elevated health risk

MAINTAINING A HEALTHY BODY WEIGHT

Has your weight changed unintentionally in the past 6 months?

- Yes, I have gained more than five pounds .Elevated health risk
- No, my weight has stayed within a few pounds Reduced health risk
- Yes, I have lost more than five pounds.....Elevated health risk
- I don't knowRisk unknown

Have you tried to change your weight?

.....

Do you ever feel that your weight is affecting your overall wellness?

.....

EATING HEALTHY

These are the aspects of your life that impact the food available to nourish your body and soul.

How many vegetables and fruit servings do you eat in a day? (A serving is about ½ a cup or one small vegetable or fruit the size of a tennis ball.)

- At least seven servings per day...Low health risk
- Four to six servings per day ...Reduced health risk
- Three or fewer servings per day...Elevated health risk

Do you often worry that food will run out before the end of the month?

- NoReduced health risk
- YesElevated health risk

How often do you eat traditional foods?

- Almost daily.....Low health risk
- Two to three times per week...Reduced health risk
- Not often.....Elevated health risk

What are some aspects of your eating pattern that are benefiting your wellness?

.....

Are there some aspects of your eating pattern that you would like to change?

.....

MEDICAL HEALTH

Do you have a family doctor?

.....

If yes, do you have regular visits with your family doctor for routine medical care?

.....

If no, when was the last time you saw a doctor?

.....

OPTIMIZING HEALTH

These are other aspects of your life that can impact your holistic health and wellness.

Hemoglobin A1c (%)

This test measures your average blood sugar over the past two to three months.

If you **have not previously** been diagnosed with diabetes:

- Less than 6.0At target
- Between 6.0-6.4Elevated*
 - Value suggests possible pre-diabetes - starting treatment in this stage provides the best chance for good outcomes
- Greater than or equal to 6.5 ...Elevated*
 - Value suggests possible diabetes - starting treatment as soon as possible provides the best chance for good outcomes

If you **have previously** been diagnosed with diabetes:

- Less than or equal to 7.0At target
 - Less than 6.5% provides the best chance for good outcomes
- Greater than 7.0Elevated*
 - Between 7.1 - 8.5 is a target for a small number of people - discuss your A1c with your healthcare provider

Blood Glucose (mmol/L)

Fasting

- Less than 7.0..... At target
- Greater than 7.1.....Elevated*

Random/Non-Fasting

- Greater than 11.1Elevated*

* Consider conversation with care provider to check for diabetes / adjusting diabetes plan

Blood Pressure (mmHg)

- Less than 130/85At target
- 130/85-139/89.....Slightly elevated*
- Greater than 140/90.....Elevated*

* Consider conversation with care provider to check for high blood pressure / adjusting blood pressure plan

FNHA Wellness Assessment

DENTAL HEALTH

Do you have access to dental care in your community or in a nearby centre?
.....

Do you receive regular dental care?
.....

RESPECTING TOBACCO

When tobacco is used in a traditional way, it benefits the spirit and strengthens the ties to one's culture. Tobacco used in a non-traditional manner, like smoking cigarettes or chewing tobacco/snuff, can increase your risk of premature death and illness such as lung diseases, heart disease, certain types of cancer, and pregnancy risks. *These questions refer to tobacco that is used in a non-traditional manner.*

- | | |
|---|-----------------------|
| <input type="checkbox"/> I have never smoked | Low health risk |
| <input type="checkbox"/> I quit smoking more than two years ago | Reduced health risk |
| <input type="checkbox"/> I quit smoking less than two years ago | Elevated health risk |
| <input type="checkbox"/> I don't smoke, but I am exposed to second hand smoke ... | Elevated health risk |
| <input type="checkbox"/> I smoke a pipe, cigar, and/or chew tobacco | High health risk |
| <input type="checkbox"/> I smoke 10 cigarettes or less per day | High health risk |
| <input type="checkbox"/> I smoke 11-19 cigarettes per day | High health risk |
| <input type="checkbox"/> I smoke more than 20 cigarettes per day | Very high health risk |

If you use tobacco in a non-traditional manner and are a current smoker, or use pipes, cigars, or chewing tobacco, answer the following questions:

Have you attempted to quit previously? If yes, how many quit attempts have you made?
.....
.....

Are you interested in quitting?
.....
.....

What resources or supports do you believe would help enable you to quit?
.....
.....

NOTES

NOTES

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AN INITIATIVE OF



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First Nations Health Authority

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