



## PERSONAL HEALTH ASSESSMENT

*For the Applicant's Personal Use*

*In the ELCA candidacy is a process that seeks to shape and form the whole person for a life of rostered leadership. Because rostered leadership is lived out within community, it includes both a rostered leader and the lives impacted directly and indirectly by such ministry. It is a matter of stewardship for candidates and rostered leaders to take physical well-being seriously. Throughout the candidacy process, A Candidacy Committee will expect that you complete this self-assessment, and as the committee and you discern your readiness for Entrance into candidacy that you will be able to share what you have learned about yourself.*

- |  |   |
|--|---|
| <p>1. <b>Do you have a medical provider?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>2. <b>What is the date of your last medical examination?</b> _____</p> <p>3. <b>Are immunizations current?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. <b>Do you know your blood pressure?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, is it in a healthy range for you (generally 140/90 or less)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. <b>Do you know your blood sugar level?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, is your blood sugar level in a healthy range for you? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. <b>Do you know your cholesterol levels?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, is your cholesterol level in a healthy range for you? <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. <b>Do you take prescription drugs?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>Please list your current medications below.</p> | <p>13. <b>Has anyone in a relationship with you ever expressed concern about your alcohol consumption?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, have you considered taking steps to curb or stop drinking alcohol? <input type="radio"/> Yes <input type="radio"/> No</p> <p>14. <b>Do you use street drugs or medicines that are not prescribed for you?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, have you considered taking steps to curb or stop taking these drugs? <input type="radio"/> Yes <input type="radio"/> No</p> <p>15. <b>Do you know what amount and types of exercise are appropriate for you to either establish or maintain good physical and emotional health?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>16. <b>Do you regularly exercise in accord with those recommendations?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>17. <b>Do you average at least seven hours of sleep each night?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>18. <b>What areas of your physical well-being would benefit from changes in your lifestyle?</b></p> |
| <p>8. <b>Do you take your medications at least 80% or more of the time?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>9. <b>Do you know why the medications have been prescribed for you?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>10. <b>Do you smoke?</b> <input type="radio"/> Yes <input type="radio"/> No;<br/>If yes, how much do you smoke daily?<br/>_____</p> <p>11. <b>If you smoke, have you considered quitting?</b> <input type="radio"/> Yes <input type="radio"/> No</p> <p>12. <b>Do you drink alcohol?</b> <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, how many alcoholic beverages do you consume per week? _____</p>  | <p>19. <b>What is your plan to address this?</b></p> <p>20. <b>How do you plan to hold yourself accountable?</b></p>  |