

Finding My Medicine Assessment

Welcome!

This assessment is a powerful tool designed to help you gain clarity on your health habits and where you can make meaningful improvements. By going through this process, you will:

- **Recognize what's working**—celebrating the healthy habits you've already built.
- **Identify what needs attention**—highlighting areas where small, intentional changes can create a big impact.
- **Gain insight into what a balanced lifestyle truly looks like**—so you can make informed choices that support your long-term well-being.

Instead of a one-size-fits-all approach, this assessment will help you craft a personalized plan that meets your unique needs and supports your body's natural healing ability.

How to Use This Assessment

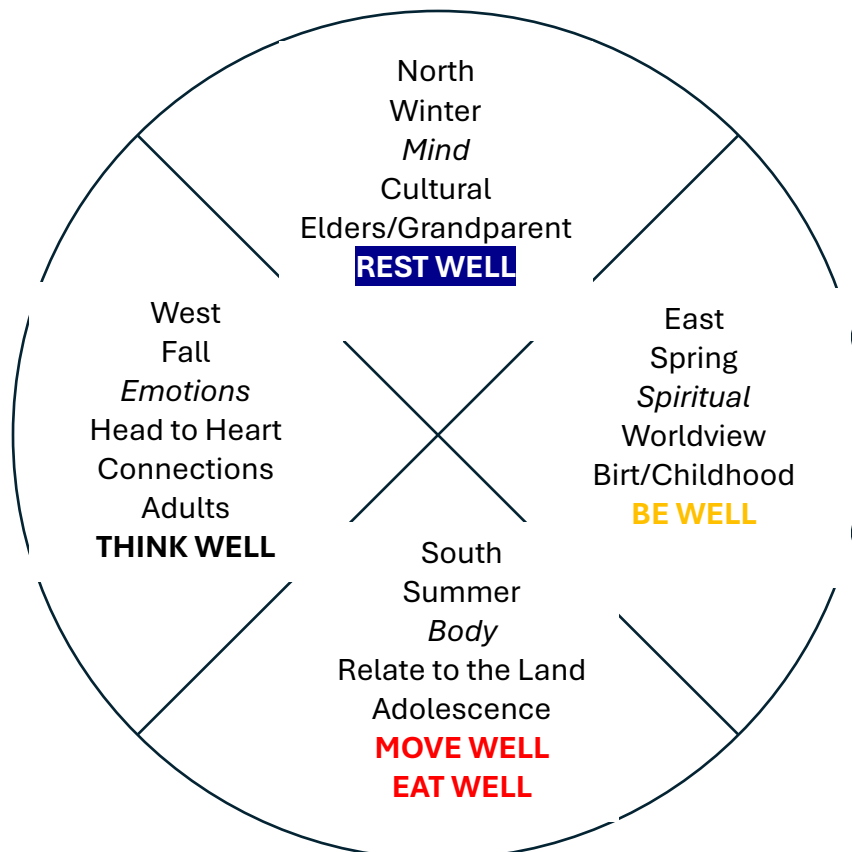
Go through each section and check the boxes for statements that resonate with you—where you can confidently say, “Yes, this is me!”

Leave the box blank if something isn't a regular part of your lifestyle or if you do it only occasionally. Be honest with yourself—this is a judgment-free space meant to empower your growth and self-awareness.

Wishing you clarity and confidence on your health journey.

Be well,

Dr. Carmen Jones



THINK Well

- ☐ I have a clear vision for my health and know what I want to create for myself.
- ☐ I understand what motivates me to stay committed to my well-being.
- ☐ I have a structured plan to support my health goals.
- ☐ I surround myself with people who uplift and encourage my health journey.
- ☐ My current habits align with my long-term vision for health and vitality.
- ☐ I trust my body's ability to heal and restore itself.
- ☐ I have a trusted healthcare team supporting my wellness.
- ☐ I feel at peace with my health journey and trust the process.

THINK Well Score: _____

MOVE Well

- ☐ I engage in movement that feels good and supports my body's needs.
- ☐ I get cardiovascular exercise at least three times a week.
- ☐ I incorporate strength training into my routine.
- ☐ I prioritize flexibility and mobility with stretching or mindful movement.
- ☐ I feel strong, stable, and confident in my body.
- ☐ I am free from chronic pain or discomfort when I move.
- ☐ I know which types of exercise bring me joy and are sustainable for me.
- ☐ I move my body daily in some way, even if it's just a walk or gentle stretching.

MOVE Well Score: _____

EAT Well

- ☐ I eat nourishing, whole foods that support my body's needs.
- ☐ My meals are balanced and leave me feeling energized.
- ☐ I drink enough water daily to stay hydrated.
- ☐ I minimize processed foods and refined sugars.
- ☐ I listen to my body's hunger and fullness cues.
- ☐ I take high-quality supplements that support my health.
- ☐ I am mindful of food sensitivities and avoid what doesn't serve me.
- ☐ I nourish myself with intention rather than eating out of stress, boredom, or habit.

EAT Well Score: _____

REST Well

- ☐ I consistently get quality sleep and wake up feeling refreshed.
- ☐ I fall asleep easily and stay asleep through the night.
- ☐ I have a relaxing evening routine that prepares me for restful sleep.
- ☐ I manage stress effectively and feel emotionally balanced.
- ☐ I take time for daily relaxation, whether through meditation, deep breathing, grounding, or other calming practices.
- ☐ I have energy throughout the day without relying on caffeine or sugar.
- ☐ I set boundaries to protect my time and energy.

REST Well Score: _____

BE Well

- ☐ I feel joy and fulfillment in my daily life.
- ☐ I cultivate gratitude and appreciate the present moment.
- ☐ My relationships feel supportive, loving, and nourishing.
- ☐ My home environment feels peaceful and aligned with my well-being.
- ☐ I prioritize self-care, self-love, and take time to recharge.
- ☐ I engage in activities that bring me purpose and passion.
- ☐ I feel emotionally resilient and handle life's challenges with grace.
- ☐ I trust in my body's wisdom and my ability to create a balanced, thriving life.

BE Well Score: _____

Reflection & Next Steps

Take a moment to review your scores. Write Down how many boxes you checked in each section.

- ☐ Think Well Score: _____
- ☐ Move Well Score: _____
- ☐ Eat Well Score: _____
- ☐ Rest Well Score: _____
- ☐ Be Well Score: _____

Which area feels most balanced? _____

Which area needs the most attention? _____

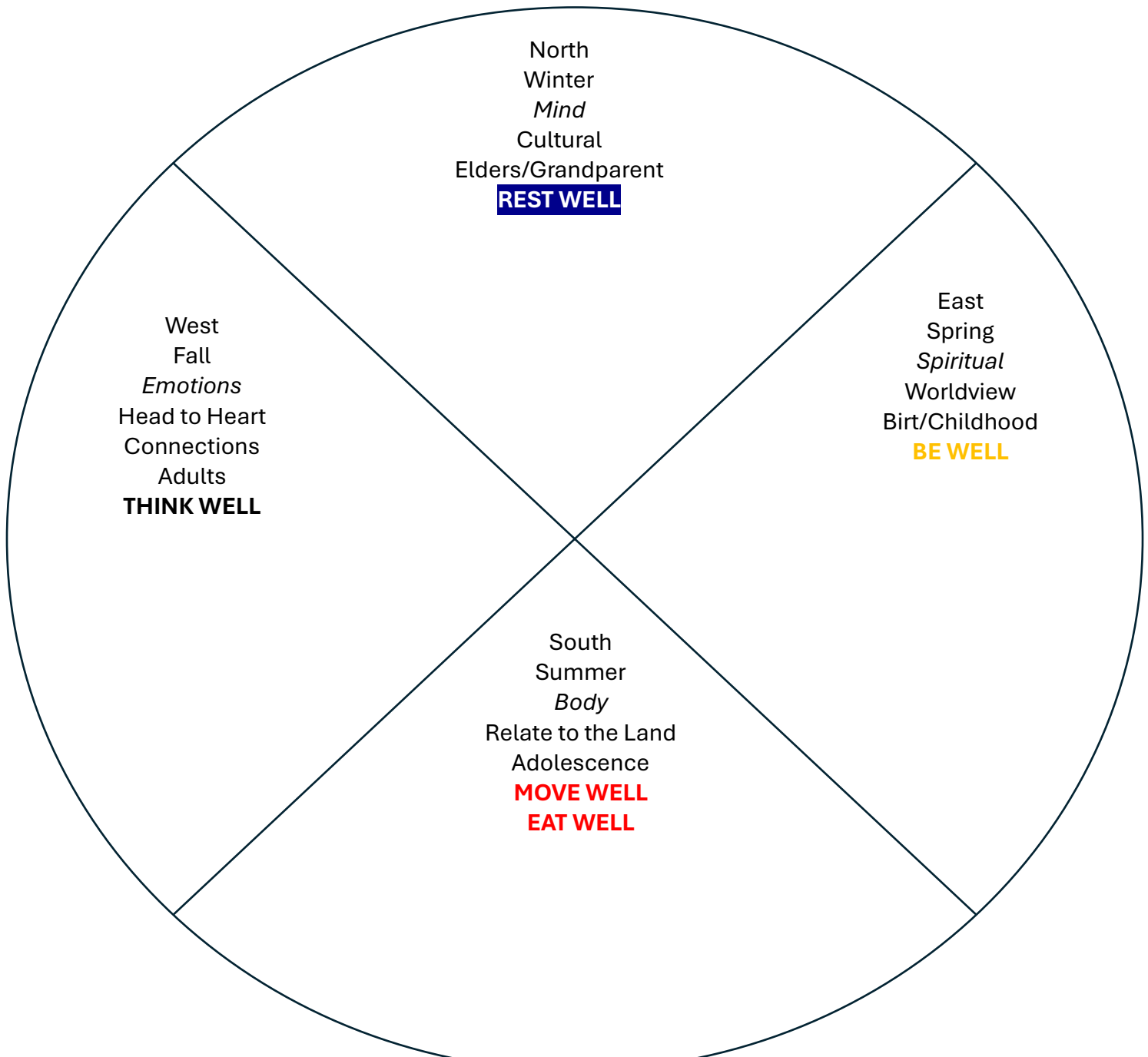
Your Action Plan:

Identify 1-2 small but meaningful changes you can make in your lowest-scoring area. Write them down here and place this assessment somewhere you'll see it daily as a reminder of your commitment to yourself.

1. _____
2. _____

Remember, lasting change happens through consistency, not perfection. Every step you take towards balance and well-being is worth celebrating. **#ProgressOverPerfection**

Action Plan: Write in your goals within each direction of things you'd like to work on to bring your health back into balance.



"I was constantly told and challenged to live my life as a warrior. As a warrior, you assume responsibility for yourself. The warrior humbles himself. And the warrior learns the power of giving."
--Billy Mills

Healthy Habit Goal Tracking

Week 1	DAILY TRACKER	M	T	W	T	F	S	S

Week 2	DAILY TRACKER	M	T	W	T	F	S	S

Week 3	DAILY TRACKER	M	T	W	T	F	S	S

Healthy Habit Goal Tracking

Week 4	DAILY TRACKER	M	T	W	T	F	S	S

Week 5	DAILY TRACKER	M	T	W	T	F	S	S

Week 6	DAILY TRACKER	M	T	W	T	F	S	S

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