

NAME: _____

HEALTH CHECK

DATE: _____
FROM _____ UNTIL _____

EVERY 3 MONTHS

PHYSICAL

GOAL _____

ACTION •
•
•

REFLECT _____

EMOTIONAL

GOAL _____

ACTION •
•
•

REFLECT _____

MENTAL

GOAL _____

ACTION •
•
•

REFLECT _____

CHECK LIST

DAILY.

WEEKLY.

MONTHLY.

FINANCIAL

GOAL _____

ACTION •
•
•

REFLECT _____

SPIRITUAL

GOAL _____

ACTION •
•
•

REFLECT _____

MISSIONAL

GOAL _____

ACTION •
•
•

REFLECT _____

RELATIONAL

GOAL _____

ACTION •
•
•
•

REFLECT _____

