



Personalized Health Plan for First Responders

This form is designed to help you, as a first responder, to build a self-directed, holistic health plan tailored to your personal needs. This is a living document, meant to be revisited and updated as your health journey evolves.

Remember: "It's not physical health and mental health... it's just Health!"

Section 1: My Current Health Snapshot

- **Date of Assessment:** _____

A. Overall Well-being (Self-Rating: 1 = Poor, 5 = Excellent)

- Physical Health: ____
- Mental Health: ____
- Emotional Health: ____
- Social Connections: ____
- Sleep Quality: ____
- Energy Levels: ____

B. Current Stressors & Impacts *What are the primary stressors you are currently experiencing (e.g., work demands, family life, financial, personal trauma)?*

- _____

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C. My Strengths (What am I already doing well to support my health?)

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[illegible]

D. My Greatest Health Challenge(s) Currently:

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C. Areas of Strength (What health habits are currently strong for you? What positive routines do you have?)

- ### D. Top 3 Health Areas I Want to Improve:

- (e.g., "Reduce stress related to work," "Improve sleep quality," "Increase physical activity")

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2.

3.

Section 2: My Health Goals (What I Want to Achieve)

For each of your top health areas identified above, set SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound). Think about what success looks like for YOU.

Goal Area 1: _____

- **My SMART Goal:**

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- Which "1st Health" modules will you focus on? (e.g., Understanding Stress & Trauma, Sleep Hygiene, Nutrition & Physical Activity)

• _____

Goal Area 2: _____

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Goal Area 3:

- Which "1st Health" modules will you focus on? (e.g., Understanding Stress & Trauma, Sleep Hygiene, Nutrition & Physical Activity)

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Section 3: My Action Plan (How I'll Get There)

For each SMART goal, outline specific actions you will take. Refer to the "1st Health" curriculum for ideas.

Goal Area 1: _____

- **Specific Actions (What I will do):**

-

- **What I will use from the "1st Health" program:**

- *Modules:*

- *Frequency/Duration:*

Goal Area 2: _____

- **Specific Actions (What I will do):**

- ---

- **What I will use from the "1st Health" program:**

- *Modules:*

Frequency/Duration:

Goal Area 3: _____

- **Specific Actions (What I will do):**

- ---

- **What I will use from the "1st Health" program:**

- *Modules:*

- ---

- *Frequency/Duration:*

- ---

Section 4: My Support Network

Who can you lean on? How can they support your health journey?

A. Family Integration:

- How my family currently supports my well-being:

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- My family's role in supporting my new health plan:

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B. Peer Support / Community Connections:

- *How I will engage with peer support (e.g., joining an online group, attending local meetings, connecting with specific individuals):*

B. Resources from the 1st Health Program: *Which specific parts of the program will you use to achieve your goals?*

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- *What organizational support systems will I utilize? (e.g., formal programs, EAP, peer support networks, leadership championing wellness):*

- *Other professionals or resources (e.g., specific therapists, doctors, support groups, books, apps not mentioned in the "1st Health" section):*

D. Other Resources & Needs:

- *Any personal or logistical barriers you anticipate (e.g., funding, transportation, time constraints)?*

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- *Other Needs (e.g., specific equipment, time off, financial assistance, legal advice):*

- **If applicable,** who will be informed/involved from your organization?

- ---

- **How will I know if my actions are working?** (What metrics or feelings will indicate success?)

- **What measures will indicate progress/success?** (e.g., specific app metrics, mood tracking, completion of tasks, feeling more rested)

- **What support (external, from others) will I use if I need to adjust my plan or face new challenges?**

B. Indicators of Success (What would it look like if I successfully achieved my goals and my plan is working?)

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- **What new insights or modules will I explore from the 1st Health website?**

My Commitment: I, _____, commit to taking these steps to proactively manage my health and well-being. I understand this is a journey, and I will be patient with myself and seek support when needed.

Signature: _____

Date: _____

