

Name _____

Date _____ Periods/Days _____

Health Behavior Inventory

Directions: For each health category, write down two behaviors that you currently practice. Then, when you are finished, write down three behaviors that you do not practice, but hope to in the future.

Mental and Emotional Health

1.

2.

Family and Social Health

1.

2.

Growth and Development

1.

2.

Nutrition

1.

2.

Personal Health and Physical Activity

1.

2.

Alcohol, Tobacco, and Other Drugs

1.

2.

Communicable and Chronic Diseases

1.

2.

Consumer and Community Health

1.

2.

Environmental Health

1.

2.

Injury Prevention and Personal Safety

1.

2.

3 Behaviors that I do not currently practice, but hope to in the future.

1.

2.

3.