

Wellness Assessment

How Well Are You?



SCORE KEY
4 always
3 often
2 sometimes
1 rarely
0 not applicable

Instructions: Using the score key at the top right of this page, indicate how often you have engaged in the wellness practices listed in the categories below.

Physical Wellness

- Ate small balanced meals throughout the day (fruits, vegetables, low-moderate fat, whole)
 - Exercised for at least 15-20 minutes each day
 - Followed preventative care (doctor visits, annual exams, dental visits, immunizations, health screenings)
 - Maintained hydration by drinking 8 glasses of water a day
 - Balanced sleep - 6-8 hours each night
 - Refrained from self-medicating with alcohol, drugs, or prescription medicine
 - Treated illness promptly.
- Total: _____

Spiritual Wellness

- Attended religious or spiritual services
 - Spent time with others who share similar beliefs
 - Sought spiritual direction or guidance
 - Prayed or asked someone to pray for me
 - Practiced mindfulness or meditation
 - Identified important values and sought meaning in my life
 - Read, watched or listened to things that helped to inspire me
- Total: _____

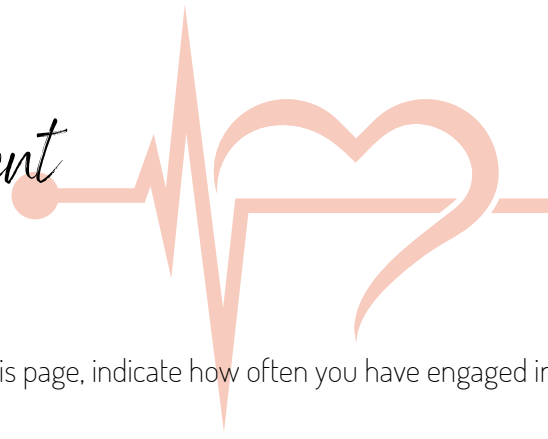
Emotional Wellness

- Attended all scheduled treatment and therapy appointments
 - Made time for hobbies and enjoyable activities
 - Politely declined unwanted requests
 - Let others know when I needed extra help
 - Spent time with friends and loved ones
 - Validated my own emotions, thoughts, and experiences
 - Practiced self-compassion
- Total: _____



Wellness Assessment

How Well Are You?



Scoring
4 always
3 often
2 sometimes
1 rarely
0 not applicable

Instructions: Using the score key at the top right of this page, indicate how often you have engaged in the wellness practices listed in the categories of wellness below.

Intellectual Wellness

- Had specific intellectual goals like learning a new skill
 - Committed time and energy to professional and self-development
 - Pursued mentally stimulating interests and hobbies
 - Had positive thoughts with a low degree of negativity and cynicism
 - Enjoyed brainstorming and sharing information with others
 - Critically considered the opinions and information presented by others and provided constructive feedback
 - Showed curiosity and interest in the communities as well as the world around me
- Total: _____

Relational Wellness

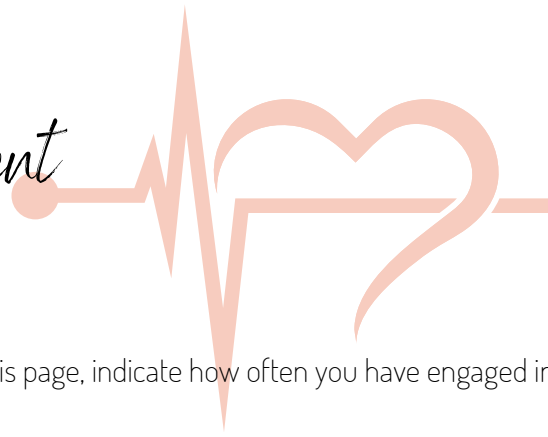
- Stayed connected to friends and family members
 - Set aside time to spend with people I care about
 - Told people close to me that they were important
 - Apologized or made repairs when I was wrong
 - Expressed appreciation and thankfulness to others
 - Empathized with others or thought about problems from their perspective
 - Established limits and boundaries when necessary
- Total: _____

Environmental Wellness

- Recognized the impact of my action on the environment
 - Recognized the impact of my environment on my health
 - Was aware of and made use of health, wellness and safety resources
 - Practiced environmentally conscious behaviour eg. recycling
 - Contributed towards making my environment a safer, calmer, and healthier place
 - Prepared and tested my home for toxicities eg. carbon monoxide and smoke detectors
 - Used environmentally friendly products
- Total: _____

Wellness Assessment

How Well Are You?



Scoring
4 always
3 often
2 sometimes
1 rarely
0 not applicable

Instructions: Using the score key at the top right of this page, indicate how often you have engaged in the wellness practices listed in the categories of wellness below.

Financial Wellness

- Contributed to a savings account
- Had money left over at the end of the month
- Refrained from overspending
- Spent money on things that reflected my personal values
- Shared my resources to provide for another's need
- Did not feel stressed by financial debt
- Had enough money to do the things I enjoy in life

Total: _____

Vocational Wellness

- Felt personal satisfaction and enrichment from my work
- Was able to contribute my knowledge and skills
- Sought out opportunities to contribute my knowledge, skills, and talents at work
- Balanced my social life and work responsibilities well
- Effectively managed my level of stress related to work tasks
- Had a manageable workload
- Explored paid and volunteer opportunities that interested me
- Explored paid and volunteer opportunities that interested me

Total: _____

Interpret Your Score for Each Category

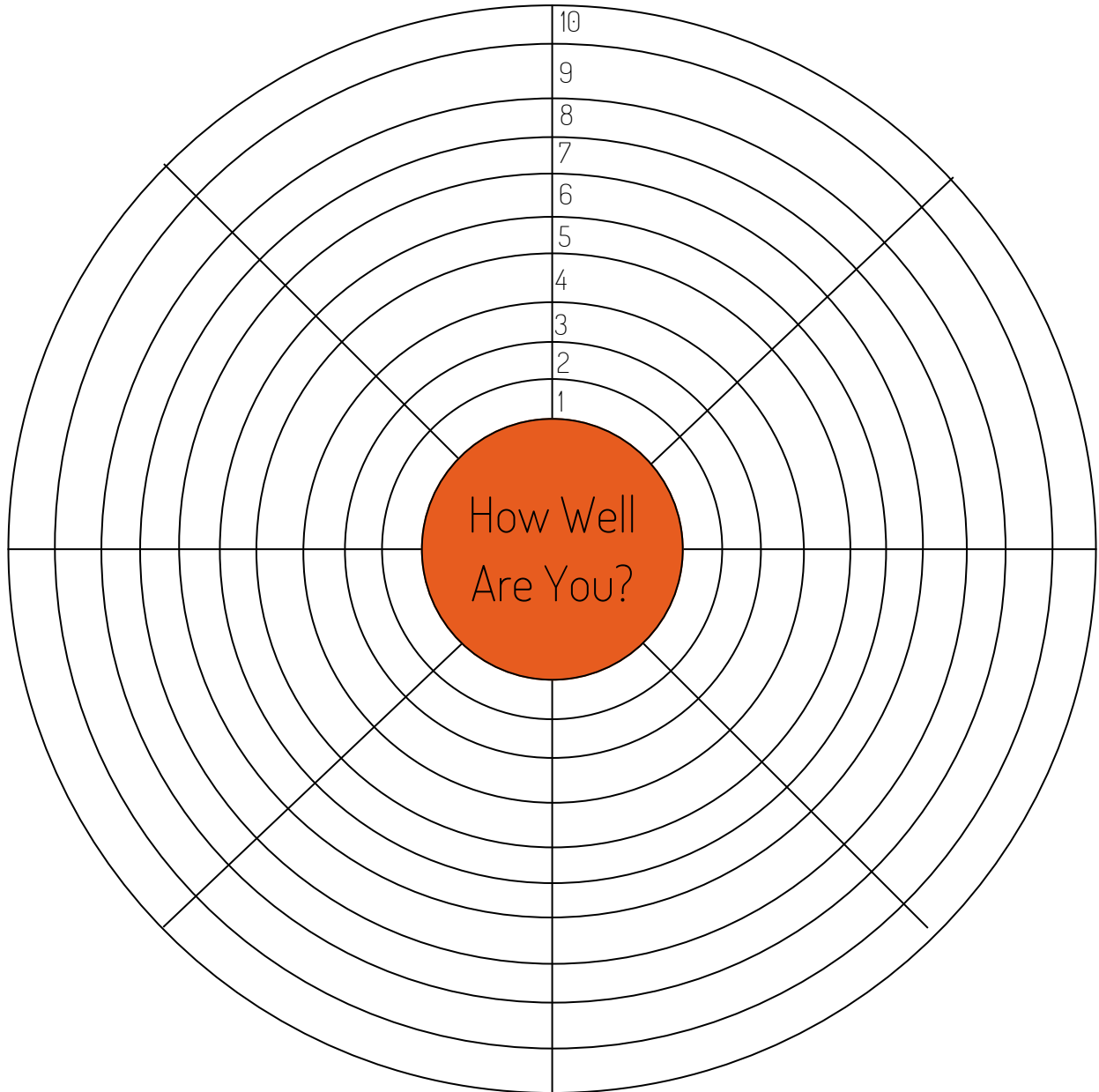
20 -28 Excellent!
You're doing well 11-19
Very Good. Identify and address any gaps in your wellness
Below 10 No one is perfect.
This area may need extra attention



Is Your Life Well Balanced?

Label each dimension of the wellness wheel and color in each section to indicate your current level of satisfaction.

10 - Completely Satisfied 5 - Somewhat Satisfied 1 - Completely Dissatisfied



BE  WELL



Is your wheel going to make for a smooth ride on your journey or will it lend to a bumpy one?

Which section of your wheel is filled in the most? The Least?

Did anything surprise you? Why or why not?

What will you do with the knowledge you have gained from this personal reflection? Think of three small steps you can take today to begin making improvements towards balancing your life's wellness.

What's next for you?



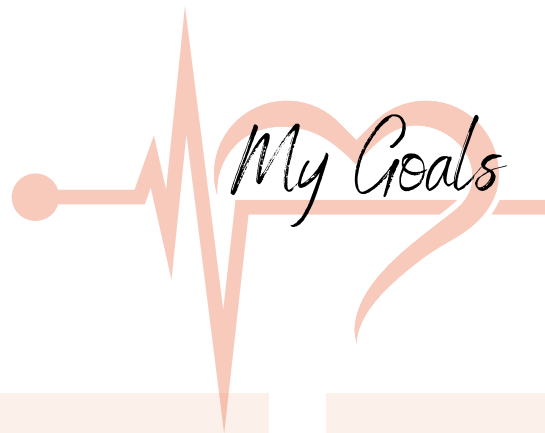


Physical Fitness

Spiritual Fitness

Mental Fitness

Intellectual Fitness



Relational Fitness

Environmental Fitness

Vocational Fitness

Financial Fitness
