

WELLNESS ASSESSMENT

Baseline – where you are at the moment.

No=1 Sort've=2 Mostly=3 Yes=4 (It's okay to use ½'s if you are in between.)

PHYSICAL WELLNESS

1. I maintain a healthy weight.
2. I engage in vigorous exercise regularly. (30 min, 4-5 times a week)
3. I regularly do exercises to strengthen my muscles and joints.
4. I know what foods are healthy and choose those to eat. Five or more servings of fruits and vegetables daily, whole grain, lean protein, little to no red meat, low fat (especially saturated fat,) avoid processed foods and HFCS, drink water
5. I FEEL GOOD about the condition of my body.
6. I get 7-8 hours of sleep each night and feel rested when I wake up.
7. I don't get sick very often and recover quickly from illness or injury.
8. I don't use drugs or alcohol. Five or more servings
9. I have lots of energy each day to get things done.
10. I listen to my body and seek professional advice when needed.

Total _____

SOCIAL WELLNESS

1. When I meet people, I feel good about the impression I make.
2. I am open, honest and get along with most people.
3. I participate in a variety of activities and get along with people different from me.
4. I try to be a "better person" and WORK on behaviors that cause problems in my interactions with others.
5. I get along well with members of my immediate family.
6. I am a GOOD listener.
7. I am open and accessible to a loving and responsible relationship.
8. I have someone I can talk to about my private feelings.
9. I consider the feelings of others and do not act or speak in hurtful or selfish ways.
10. When I have a problem (personally or with someone else), I can talk to others and work it out.

Total _____

EMOTIONAL WELLNESS

1. I find it easy to laugh about/get over negative things that happen in my life.
2. I avoid using alcohol/drugs as a means to help me forget my problems.
3. I can express my feelings without feeling silly.
4. When I get angry, I let others know in a non-confrontational way.
5. I don't worry a lot.
6. I recognize things that stress me out and cope with it in healthy ways.
7. I feel good about myself.
8. I think others like me for who I am.
9. I am flexible and always adapt to change in a healthy way.
10. My friends think that I am stable and a well-adjusted person.

Total _____

No=1 Sort've=2 Mostly=3 Yes=4

ENVIRONMENTAL WELLNESS

1. My home/neighborhood is physically safe.
2. My home/neighborhood is emotionally safe.
3. The people in my life are positive models/encourage me to be physically healthy.
4. The people in my life are positive models/encourage me to be emotionally healthy.
5. My family makes sure I see the doctor yearly.
6. My family makes sure I see the dentist yearly.
7. In the electronic media I use (TV, fb, video games, YouTube, Instagram, etc.) I am exposed to positive messages and images.
8. In the print media I use (magazines, newspapers, books) I am exposed to positive messages and images.
9. The places where I spend time are free of environmental toxins (tobacco smoke, lead paint, bad water, mold, asbestos, outgassing from new materials, etc.)
10. The government where I live enforces environmental protection.

Total _____

SPIRITUAL WELLNESS

1. I believe my life is a precious gift and should be valued.
2. I take time to enjoy nature and beauty around me.
3. I take time alone to think about what's important in my life – who I am, what I value, where I fit in, and where I'm going.
4. I have faith in a greater power, or have a feeling of spiritual connectedness other living things.
5. I engage in acts of caring and good will without expecting something in return.
6. I feel sorrow for those who are suffering and try to help them through difficult times (compassion).
7. I feel confident that I have made a positive difference in the lives of others.
8. I work for peace in my world, which can include my home, community, state, nation, the globe.
9. I take time to recognize the moment I'm in – I don't always live in the past or the future.
10. I am content with who I am inside.

Total _____

INTELLECTUAL WELLNESS

1. I read things without being told to, that make me think.
2. I LISTEN to ideas that are different from mine.
3. I read the newspaper/news source to learn about what is going on around me.
4. I appreciate and/or participate in the fine arts such as music, art, band, theatre, etc...
5. I watch TV deliberately (specific program) not habitually (channel surfer).
6. I am computer literate (I know how to use a computer).
7. I view learning as something I will do for the rest of my life.
8. I view my mistakes as another way to learn.
9. I like learning. (Whether or not you like school! ;))
10. I know how I learn best. (learning style)

Total _____

CAREER WELLNESS (for you, this means school or education right now)

1. My plan for my level of education (HS, college, trade, grade school) is consistent with my values and goals for the future.
2. I manage my workload well. (I get my work done and can still sleep, eat, etc.)
3. My school has courses and opportunities that, if I do well, will prepare me for post graduation. (College, trade school, work, etc.)
4. I know what I need to do to improve and do it when needed.
5. I produce good quality of work.
6. I feel my classes are sufficiently challenging to push me to know more and think better.
7. Based on my work ethic now and course plan, I should be able to support myself financial when I leave home.
8. I work in a healthy (physically safe, emotionally supportive) school.
9. Considering my options, I am in best school for what I need.
10. I am becoming a better person (in knowledge, habits, skills, etc.) through my work at school.

Total _____

SCORING	IDEAL SCORE	YOUR SCORE
PHYSICAL WELLNESS	40	
SOCIAL WELLNESS	40	
EMOTIONAL WELLNESS	40	
ENVIRONMENTAL WELLNESS	40	
SPIRITUAL WELLNESS	40	
INTELLECTUAL WELLNESS	40	
CAREER WELLNESS	40	

Based on your results, pick three specific items under the categories in the survey you want to work on. If there is something not on the survey, but you know you want to work on it, it's okay to list that, too.

Areas/issues/situations about my life I want to make better:

1. _____
2. _____
3. _____

Fill out the Wellness Plan for these three.

Wellness Plan!

Item 1

What I want to accomplish _____

What has kept me from doing it before/stands in my way? _____

What materials/help/other do I need to make this happen? _____

What can I do today to start this process? _____

What can I do tomorrow and the next days to keep the plan going? _____

Realistically, how long will this take before I see results? _____

What benefit do I get if I stick with this and do the work needed to make it happen? _____

Item 2

What I want to accomplish _____

What has kept me from doing it before/stands in my way? _____

What materials/help/other do I need to make this happen? _____

What can I do today to start this process? _____

What can I do tomorrow and the next days to keep the plan going? _____

Realistically, how long will this take before I see results? _____

What benefit do I get if I stick with this and do the work needed to make it happen? _____

Item 3

What I want to accomplish _____

What has kept me from doing it before/stands in my way _____

What materials/help/other do I need to make this happen? _____

What can I do today to start this process? _____

What can I do tomorrow and the next days to keep the plan going? _____

Realistically, how long will this take before I see results? _____

What benefit do I get if I stick with this and do the work needed to make it happen? _____

Pick a support person in class (or home, if it's personal) to share this who will ask how your plan is going. Next Friday, we will check in as a class to see how we are doing.