

# Personal Wellness Assessment

Circle the number that applies to you for each statement. Then, total up the number for each of the 4 columns. Write the sum of all your totals for each column in the light gray box on the right of the chart. That number is your score for that dimension.

**1 = Rarely if ever 2 = Sometimes 3 = Most of the time 4 = Always**

## PHYSICAL

I maintain a desirable weight.	1	2	3	4	
I engage in moderate physical activity at least 5 days a week	1	2	3	4	
I get at least 7 to 8 hours of sleep every night.	1	2	3	4	
I listen to my body; when there is something wrong, I seek professional advice.	1	2	3	4	
I abstain from drug abuse, both over the counter (OTC) and illicit, and tobacco use.	1	2	3	4	
<b>TOTAL</b>					

## EMOTIONAL

I accept responsibility for my own actions.	1	2	3	4	
I try to avoid chronic worry.	1	2	3	4	
I feel good about myself and believe others like me for who I am.	1	2	3	4	
I maintain balance of work, family, friends, and other obligations.	1	2	3	4	
I do not let my emotions get the better of me and I think before I act.	1	2	3	4	
<b>TOTAL</b>					

## OCCUPATIONAL

I know what skills are necessary for the occupations I am interested in.	1	2	3	4	
I strive to develop good work habits (being on time, being dependable, and motivated to learn).	1	2	3	4	
Enjoyment is a consideration I use when choosing a possible career.	1	2	3	4	
I work effectively with others.	1	2	3	4	
I am developing the necessary skills to achieve my career goals.	1	2	3	4	
<b>TOTAL</b>					

## ENVIRONMENTAL

I spend time outdoors enjoying nature.	1	2	3	4	
I use ecologically friendly products (i.e. eco--friendly cleaning supplies, organic products, energy efficient appliances), whenever possible.	1	2	3	4	
I walk, bike, use public transportation or carpool.	1	2	3	4	
I am concerned about environmental pollution and actively try to preserve and protect natural resources.	1	2	3	4	
If I see a safety hazard, I take the steps to fix the problem.	1	2	3	4	
<b>TOTAL</b>					

## SOCIAL

I plan time with family and friends.	1	2	3	4
I enjoy the time I spend with others.	1	2	3	4
I respect the diversity of others (i.e., race, ethnicity, religion, gender, ability, or sexual orientation).	1	2	3	4
I give priority to my own needs by saying 'no' to others' requests of me when applicable.	1	2	3	4
I participate in a wide variety of social activities and enjoy being with people who are different than me.	1	2	3	4
<b>TOTAL</b>				

## SPIRITUAL

I make time for relaxation in my day.	1	2	3	4
I take time alone to think about what's important in life --- who I am, what I value, where I fit in, and where I'm going.	1	2	3	4
My values guide my decisions and actions.	1	2	3	4
I have a sense of purpose in my life.	1	2	3	4
I am accepting of the views of others.	1	2	3	4
<b>TOTAL</b>				

## INTELLECTUAL

My values guide my decisions and actions.	1	2	3	4
I keep informed about social, political, and/or current issues.	1	2	3	4
I look for ways to use my creativity and critical thinking skills.	1	2	3	4
I have a sense of purpose in my life.	1	2	3	4
I am accepting of the views of others.	1	2	3	4
<b>TOTAL</b>				

## FINANCIAL

I pay all of my bills on time.	1	2	3	4
I save part of my income every time I receive any money (from work, family, gifts, or refunds of any kind).	1	2	3	4
I pay my credit card bill off completely every month.	1	2	3	4
I check my credit report to look for any errors (TransUnion, Experian, or Equifax).	1	2	3	4
I follow a spending plan every month.	1	2	3	4
<b>TOTAL</b>				

# Personal Wellness Checklist

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Write in your scores from each of the dimensions and compare it to the maximum score.

<b>DIMENSION OF WELLNESS</b>	<b>MAXIMUM SCORE</b>	<b>YOUR SCORE</b>
PHYSICAL	20	
EMOTIONAL	20	
OCCUPATIONAL	20	
ENVIRONMENTAL	20	
SOCIAL	20	
SPIRITUAL	20	
INTELLECTUAL	20	
FINANCIAL	20	

Which dimensions of Wellness could you improve?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Which dimensions of Wellness are going "ok"?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Which dimensions of Wellness are you having success in?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Your Top Three

Now that you have identified the dimensions you can improve, check your progress three months from now, and then again three months after that to see what has changed and the work you still have to do.

Dimensions: Social, physical, emotional, spiritual, occupational, intellectual, financial, and environmental.

Dimension:		
How will I boost and maintain this dimension of wellness?	3 month check-in	6 month check-in

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