

Wellness Assessment

How much do you AGREE with each statement?

5 = ALWAYS

4 = FREQUENTLY

3 = OCCASIONALLY

2 = SELDOM

1 = NEVER

1. ___ I am able to identify situations and factors that overstress me.
2. ___ I eat only when I am hungry
3. ___ I don't take tranquilizers or other drugs to relax.
4. ___ I support efforts in my community to reduce environmental pollution.
5. ___ I avoid buying foods containing high fructose corn syrup.
6. ___ Worrying about things does not affect my ability to concentrate on what I'm doing.
7. ___ My employer (school) takes measures to ensure that my work (study) place is safe.
8. ___ I try not to use medication when I am unwell.
9. ___ I am able to identify certain bodily responses and illnesses as my reactions to stress.
10. ___ I am careful about exposing myself to diagnostic x-rays
11. ___ I try to change personal habits that are risk factors for heart disease, cancer, and other lifestyle diseases.
12. ___ I avoid taking sleeping pills when I have difficulty sleeping.
13. ___ I try not to eat foods with polyhydrogenated vegetable oils (trans-fats).
14. ___ I accomplish goals I set for myself.
15. ___ I stretch or bend my body for several minutes each day to keep my body flexible.
16. ___ I support immunization of children for common childhood diseases.
17. ___ I try to prevent friends from driving after they drink alcohol.
18. ___ I minimize my salt intake.
19. ___ I don't mind when other people and situations make me wait or lose time.
20. ___ I climb four or fewer flights of stairs rather than take an elevator.
21. ___ I eat three or more servings of fresh fruits and vegetables a day.
22. ___ I use dental floss at least once a day.
23. ___ I read product labels on foods to determine if ingredients are healthy.
24. ___ I maintain my recommended body weight

25. ___ I record my thoughts and feelings in a journal, diary, or blog
26. ___ I have no difficulty falling or staying asleep.
27. ___ I engage in some form of vigorous physical activity at least three times a week.
28. ___ I take time each day to quiet my mind and relax.
29. ___ I want to make and sustain close friendships and intimate relationships.
30. ___ I obtain the recommended amount of vitamins from my diet or vitamin supplements.
31. ___ I rarely have tension or migraine headaches or pain in the neck or shoulders
32. ___ I wear a seat belt when driving a car or when I am a passenger in one.
33. ___ I am aware of the emotional and situation factors that lead me to overeat
34. ___ I avoid driving my car after drinking alcohol.
- 35 ___ I am aware of the side effects of the medicines I take.
36. ___ I am able to accept feelings of sadness, depression, and anxiety, realizing that they are almost always transient.
37. ___ I would seek several additional professional opinions if my doctor recommended surgery for me.
38. ___ Nonsmokers should not have to breathe cigarette smoke in public places.
39. ___ Pregnant women should not smoke to prevent harm to the developing baby.
40. ___ I generally sleep enough to awaken feeling refreshed.
41. ___ I ask my doctor why a certain medication is being prescribed and about alternatives.
42. ___ I am aware of the calories expended in my daily life.
43. ___ I give priority to my own needs for time and psychological space by saying "no" to others' requests of me.
44. ___ I walk instead of drive whenever feasible.
45. ___ I eat breakfast that contains about one-third of my daily need for calories, protein, and vitamins
46. ___ I prohibit smoking in my home.
47. ___ I remember and think about my dreams.
48. ___ I seek medical attention only when I have symptoms or feel some (potential) conditions needs checking, rather than have routine check-ups.
49. ___ I endeavor to make my home accident-free.
50. ___ I ask my doctor to explain the diagnosis of my problem until I understand all that I care to.
51. ___ I get the recommended amount of fiber in my daily diet.

52. ___ I can live with my emotional problems without alcohol or mood-altering drugs.
53. ___ I check the calorie content of the packaged and restaurant foods I consume
54. ___ I require children riding in my car to be in infant seats and shoulder harnesses.
55. ___ I try to associate with people who have a positive attitude about life.
56. ___ I try not to snack often on candy, packaged pastries, and other "junk foods."
57. ___ I know the signs of depression.
58. ___ I limit my skin's exposure to sunlight and other forms of ultraviolet light.
59. ___ I brush my teeth at least twice daily.
60. ___ I evaluate the quality of medical information I obtain on the Internet.

Scoring:

<u>Emotional Health</u>	<u>Fitness & Body Care</u>	<u>Environmental Health</u>	<u>Stress</u>	<u>Nutrition</u>	<u>Medical Self-Responsibility</u>
6 ___	15 ___	4 ___	1 ___	2 ___	8 ___
12 ___	20 ___	7 ___	3 ___	5 ___	10 ___
25 ___	22 ___	17 ___	9 ___	13 ___	11 ___
26 ___	24 ___	32 ___	14 ___	18 ___	16 ___
36 ___	27 ___	34 ___	19 ___	21 ___	35 ___
40 ___	33 ___	38 ___	28 ___	23 ___	37 ___
47 ___	42 ___	39 ___	29 ___	30 ___	41 ___
52 ___	44 ___	46 ___	31 ___	45 ___	48 ___
55 ___	58 ___	49 ___	43 ___	51 ___	50 ___
57 ___	59 ___	54 ___	53 ___	56 ___	60 ___
Total ___	Total ___	Total ___	Total ___	Total ___	Total ___

Wellness Score

Use this scale to assess your status in each Wellness Category:

0-24: need improvement

25-39: good

40-50: excellent