HEALTH THERAPIES LIFESTYLE

Wellness Self-Assessment

A simple personal reflection tool to help you understand where you are today, recognize your strengths, and identify the areas of wellbeing that deserve greater attention.

REFLECT	SCORE	PRIORITIZE	ACT

Building Healthier Lives, Stronger Families, and Lasting Legacies.

PERSONAL WELLNESS RESOURCE

Your Wellness Starting Point

Wellness is not about perfection. It is about awareness, consistency, and making choices that support the life you want to live. This assessment gives you a snapshot of seven everyday areas that can influence long-term wellbeing.

How to use this assessment

Read each statement and choose the number that best reflects your experience during the last 30 days. Answer based on what is generally true - not your best day or your worst day.

1	2	3	4	5
Rarely true	Occasionally true	Sometimes true	Usually true	Consistently true

This is an educational self-reflection tool, not a diagnostic test. A low score is not a judgment - it simply highlights an area you may wish to explore or strengthen.

Name: _____ Date: _____

1. Nourishment & Hydration

STATEMENT	1	2	3	4	5
I regularly eat a variety of nourishing, minimally processed foods.	■	■	■	■	■
My meals generally include vegetables, fruits, quality protein, or other nutrient-rich foods.	■	■	■	■	■
I drink enough water throughout the day to support my normal activities.	■	■	■	■	■
I am mindful of foods or eating patterns that leave me feeling sluggish or unwell.	■	■	■	■	■
I plan ahead often enough to make healthier food choices easier.	■	■	■	■	■

My score for this foundation: _____ / 25

2. Movement & Physical Activity

STATEMENT	1	2	3	4	5
I move my body regularly during the week.	■	■	■	■	■
My routine includes activities that support strength, mobility, balance, or endurance.	■	■	■	■	■
I avoid sitting for very long periods whenever practical.	■	■	■	■	■
I choose forms of movement that are appropriate and sustainable for me.	■	■	■	■	■
I make physical activity part of my lifestyle rather than relying only on occasional bursts of effort.	■	■	■	■	■

My score for this foundation: _____ / 25

3. Rest & Restorative Sleep

STATEMENT	1	2	3	4	5
I generally give myself enough time for sleep.	■	■	■	■	■
I have a reasonably consistent sleep and wake routine.	■	■	■	■	■
I usually wake feeling adequately rested for the day ahead.	■	■	■	■	■
I create opportunities to slow down and recover when my body needs it.	■	■	■	■	■
I pay attention when ongoing tiredness or poor sleep begins affecting daily life.	■	■	■	■	■

My score for this foundation: _____ / 25

4. Stress, Mindset & Emotional Wellbeing

STATEMENT	1	2	3	4	5
I have healthy ways to respond to everyday stress.	■	■	■	■	■
I make time for activities, people, or practices that help me feel grounded.	■	■	■	■	■
I can recognize when I need rest, support, or a change of pace.	■	■	■	■	■
I regularly experience moments of gratitude, purpose, enjoyment, or calm.	■	■	■	■	■
I am willing to ask for appropriate help when challenges become difficult to manage alone.	■	■	■	■	■

My score for this foundation: _____ / 25

5. Healthy Environment & Daily Habits

STATEMENT	1	2	3	4	5
My home and daily environment generally support healthy choices.	■	■	■	■	■
I pay attention to cleanliness, ventilation, and other practical aspects of my surroundings.	■	■	■	■	■
I am conscious of habits that may undermine my wellbeing.	■	■	■	■	■
I take reasonable steps to reduce avoidable risks in my everyday routine.	■	■	■	■	■
I organize my environment so healthier choices are easier to maintain.	■	■	■	■	■

My score for this foundation: _____ / 25

6. Relationships, Family & Community

STATEMENT	1	2	3	4	5
I have people I can talk to and rely on when I need support.	■	■	■	■	■
I make meaningful time for family, friends, or community.	■	■	■	■	■
I communicate important needs and concerns rather than allowing them to build up.	■	■	■	■	■
I try to nurture relationships that are respectful, supportive, and reciprocal.	■	■	■	■	■
I feel that I belong to something beyond myself - family, friendship, faith, service, or community.	■	■	■	■	■

My score for this foundation: _____ / 25

7. Prevention, Awareness & Personal Responsibility

STATEMENT	1	2	3	4	5
I pay attention to meaningful changes in my body and wellbeing.	■	■	■	■	■
I keep appropriate health appointments, screenings, or preventive care based on professional guidance.	■	■	■	■	■
I keep important personal and family health information reasonably organized.	■	■	■	■	■
I ask questions and seek reliable information before making important health decisions.	■	■	■	■	■
I take personal responsibility for the everyday choices that are within my control.	■	■	■	■	■

My score for this foundation: _____ / 25

Your Wellness Scorecard

Transfer each foundation score below. The purpose is not to chase a perfect number. Look for patterns: where are you already strong, and where could one realistic change make a meaningful difference?

FOUNDATION	SCORE / 25
Nourishment & Hydration	_____
Movement & Physical Activity	_____
Rest & Restorative Sleep	_____
Stress, Mindset & Emotional Wellbeing	_____
Healthy Environment & Daily Habits	_____
Relationships, Family & Community	_____
Prevention, Awareness & Personal Responsibility	_____
TOTAL	_____ **/ 175**

A practical way to read your foundation scores

21-25: A current strength - keep nurturing it.
16-20: A reasonably supportive area with room to strengthen.
11-15: An area worth giving more attention.
5-10: A potential priority for small, realistic changes and, where appropriate, professional guidance.

Your total score is less important than the individual pattern. Wellness is personal, and circumstances, age, ability, resources, and health needs differ from person to person.

Choose Your Three Priorities

Review your scores and reflections. Choose three areas that feel both important and realistic to work on during the next 30 days.

Priority 1: _____

Why this matters to me:

_____

_____

One small action I can take this week:

_____

_____

Priority 2: _____

Why this matters to me:

_____

_____

One small action I can take this week:

_____

_____

Priority 3: _____

Why this matters to me:

_____

_____

One small action I can take this week:

_____

_____

My 30-Day Wellness Action Plan

Small actions repeated consistently are often more sustainable than trying to change everything at once. Choose actions you can realistically repeat.

WEEK	MY FOCUS	ONE ACTION I WILL REPEAT	CHECK-IN
Week 1			■
Week 2			■
Week 3			■
Week 4			■

At the end of 30 days

What improved? _____

What was difficult? _____

What will I continue? _____

Progress is not about doing everything perfectly. It is about noticing, learning, adjusting, and continuing.

Your Next Step

Keep this assessment and repeat it periodically. Comparing your answers over time can help you notice changes in habits, priorities, and the areas of life that need more support.

If an answer raises concerns about your physical or emotional health, consider discussing it with an appropriately qualified healthcare professional. This assessment is designed for education and personal reflection and does not diagnose, treat, prevent, or cure any condition.

ABOUT HEALTH THERAPIES LIFESTYLE

Health Therapies Lifestyle provides practical educational resources designed to support wellness awareness, stronger families, preparedness, responsible use of technology, and lasting legacy.

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