

**Wellness Wheel
Personal Health
Inventory**

Name: _____

Period: _____ Due: _____

Directions: Read the following statements and decide if the statement is:

1: Never True 2: Sometimes True 3: Usually True 4: Very Often True 5: Always True

When finished, use the answers to make a graphic picture of your wellness. Each segment of the circle will correspond to the question with the same number. Then answer the personal observation questions reacting to what you see.

Mental Health

1. I feel in control of my life and accept things I cannot change.
2. I feel that I can balance school, extracurricular(s), home and my other responsibilities.
3. I am able to recognize the situations and factors that cause me stress and handle them appropriately.
4. I take time each day to do what I want or give time to myself.
5. When I'm sad and depressed it is usually for a short time.
6. I don't feel the need to use drugs to feel good, relax, or escape my problems.
7. I set and accomplish goals for myself on a regular basis.
8. I recognize emotions and can communicate them or handle them appropriately.

Mental Health

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |

Average:

Nutrition and Diet

9. I eat only when I am hungry.
10. On most days I eat a nutritious breakfast.
11. I eat five servings of fresh fruits and vegetables each day.
12. Most of the grains I eat in my diet are whole grains.
13. Most of my 'snacks' are not candy, pastries and other 'junk' foods.
14. I read and understand product labels in determining the nutritional quality of food and am aware of the calorie content of my food.
15. I avoid foods high in simple sugars and salt.
16. I avoid eating fatty foods such as red meat, fried foods, ice cream, 2% milk and fast food on a regular basis.

Nutrition

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |

Average:

Fitness

17. I have enough energy to get me through my day.
18. I stretch or bend for several minutes each day to keep my body flexible.
19. I feel good about my body and maintain a normal body weight.
20. I engage in some form of vigorous (sweat-producing) physical activity at least three times a week.
21. I have several (physical) activities I enjoy participating in.
22. I can jog for fifteen minutes without becoming overly tired.
23. Physical activity is a part of my daily life.
24. My exercise program includes a good mix of fitness components (aerobic, muscular and flexibility).

Fitness

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 |

Average:

<u>Self-Image</u>	<u>Self-Image</u>
25. I am happy with myself.	1 2 3 4 5
26. I feel confident making my own decisions.	1 2 3 4 5
27. I am aware of my own strengths and weaknesses.	1 2 3 4 5
28. I can share my feelings with close friends and family members.	1 2 3 4 5
29. I look forward to the future.	1 2 3 4 5
30. I can give and accept honest compliments.	1 2 3 4 5
31. Overall I enjoy my life.	1 2 3 4 5
32. I seek help and support when I need it.	1 2 3 4 5
33. I avoid people who are 'down' all the time and who bring those around them down.	1 2 3 4 5
	Average:
<u>Social Health</u>	<u>Social Health</u>
34. I get along well with my family.	1 2 3 4 5
35. I have respect for other's decisions they make in life.	1 2 3 4 5
36. I can say 'no' to others without feeling guilty.	1 2 3 4 5
37. I am interesting in understanding the views of others.	1 2 3 4 5
38. I accept responsibility for my actions.	1 2 3 4 5
39. I know what my values are.	1 2 3 4 5
40. I have at least one or two close friends that I can turn to.	1 2 3 4 5
41. I express my feelings (anger, sadness, etc.) in ways that are not hurtful to others (physical or verbal).	1 2 3 4 5
	Average:
<u>Prevention & Safety</u>	<u>Prevent. and Safety</u>
42. I wear a seat belt in a car.	1 2 3 4 5
43. I do not drive after drinking or drive with someone who has been drinking.	1 2 3 4 5
44. I brush my teeth after most meals.	1 2 3 4 5
45. I try to change personal habits that are risk factors for heart disease, cancer, and other lifestyle diseases.	1 2 3 4 5
46. I do not smoke and attempt to avoid second-hand smoke.	1 2 3 4 5
47. My home is safe from fire and safety hazards.	1 2 3 4 5
48. I could perform basic first aid in an emergency (bleeding, choking, poisoning, shock, burns, etc.).	1 2 3 4 5
49. I protect myself from pregnancy and sexually transmitted diseases (by using abstinence or birth control).	1 2 3 4 5
50. I use sunscreen and wear protective clothing to protect my skin from sun damage.	1 2 3 4 5
	Average:

Read the instructions on the following page on how to fill out the Wellness Wheel and answer the questions on the next page (Personal Observations) reacting to this Health Inventory.

Only the Wheel and the Personal Observations will be collected.

When finished, use the answers to make a graphic picture of your wellness. **Each segment of the circle corresponds to the question with the same number.** Color in an amount of each segment corresponding to your answer to the question. The inner circle corresponds to "never true", the middle one to "usually true", and the outer one to "always true". You don't need to restrict yourself to these categories, however, and can fill in any amount in between.

**Nutrition
and Diet**

Numbers 9-16

Fitness

Numbers 17-24

**Mental
Health**

Numbers 1-8

**Self-
Image**

Numbers
25-33

**Prevent
and
Safety**

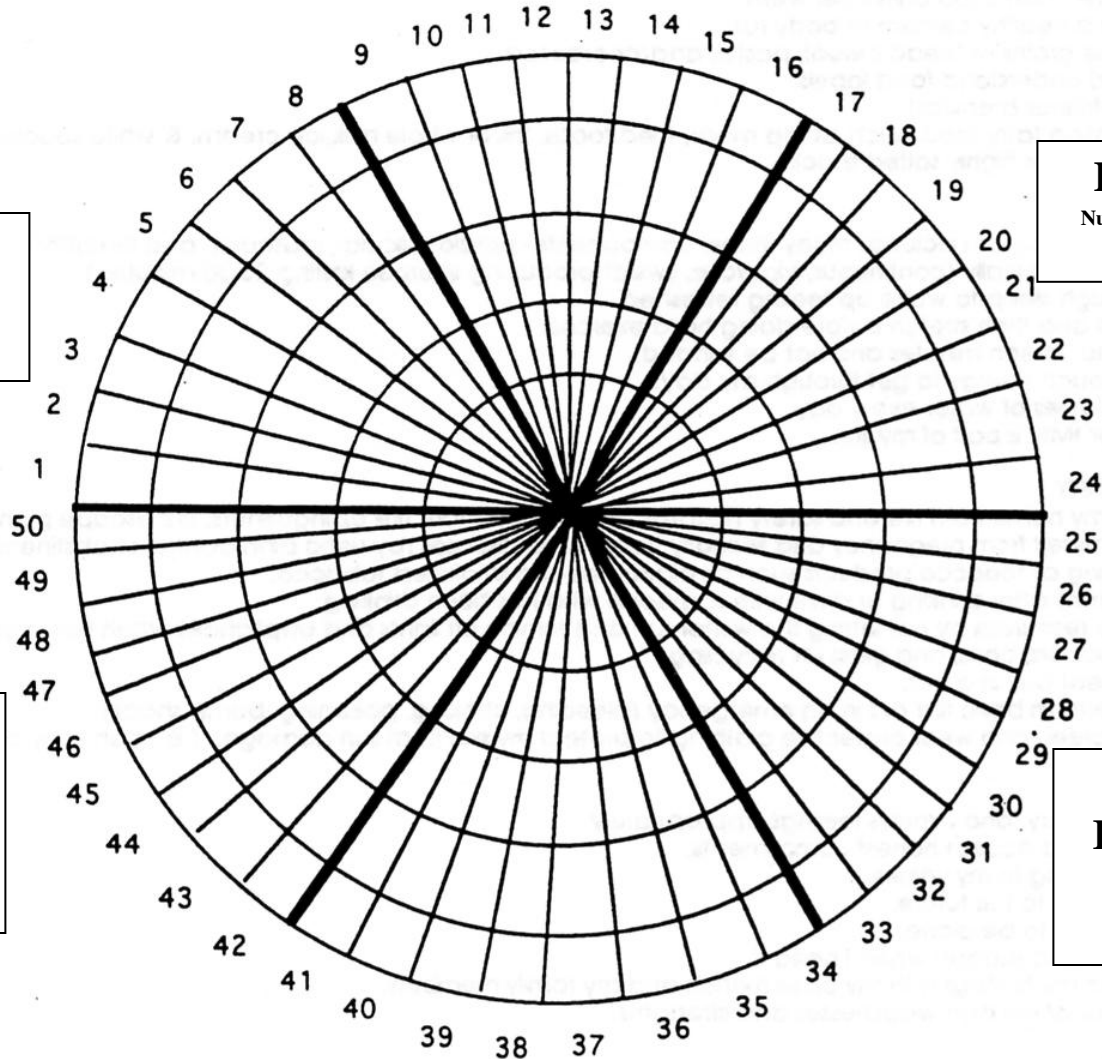
Numbers
42-50

Social Health

Numbers 34-41

In what area are you making the best lifestyle choices? _____
 " " " " " " the worst choices? _____

1 = never true (2 = sometimes true) 3 = usually true 4 = very often true 5 = always true



PERSONAL OBSERVATIONS

Directions: Make some statements or observations reacting to your personal health inventory.

1. In which dimensions of life are you most well?
2. In which dimensions are you least well?
3. Comment on the pattern you see in your inventory. Is your wheel round (would it roll)?
4. How do you feel about what you see?
5. What improvements, if any, would you like to see in your wheel profile?
6. List two or three immediate steps you could take to make your wheel more round and make these improvements.