



Seven Dimensions of Wellness Self-Assessment

Please rate on the following scale:

ways (5), Very Frequently (4), Frequently (3), Occasionally (2), Almost Never (1), or Never (0)

Always
 Very Frequently
 Frequently
 Occasionally
 Almost Never
 Never

Physical Wellness

1. I exercise for 30 minutes or more most days of the week.	5	4	3	2	1	0
2. My exercise program includes activities that build my heart, muscles, and flexibility.	5	4	3	2	1	0
3. I select lean cuts of meat, poultry, or fish.	5	4	3	2	1	0
4. I eat a variety of foods from all the food groups.	5	4	3	2	1	0
5. I eat breakfast.	5	4	3	2	1	0
6. I get an adequate amount of sleep (7-8 hours per night).	5	4	3	2	1	0
7. I examine my breasts or testes once a month.	5	4	3	2	1	0
8. I participate in recommended periodic health screenings (blood pressure, etc.)	5	4	3	2	1	0
9. I seek medical advice when needed.	5	4	3	2	1	0
10. I drink less than 5 alcoholic drinks at a sitting.	5	4	3	2	1	0
11. I avoid driving when under the influence of alcohol.	5	4	3	2	1	0
12. I avoid using tobacco products.	5	4	3	2	1	0

Environmental Wellness

1. I minimize my exposure to second hand tobacco smoke.	5	4	3	2	1	0
2. I keep my vehicle maintained to ensure safety.	5	4	3	2	1	0
3. When I see a safety hazard, I take steps to correct the problem.	5	4	3	2	1	0
4. I choose an environment that is free of excessive noise, whenever possible.	5	4	3	2	1	0
5. I make efforts to reduce, reuse, and recycle.	5	4	3	2	1	0
6. I try to create an environment that minimizes my stress.	5	4	3	2	1	0

Spiritual Wellness

1. I make time for relaxation in my day.	5	4	3	2	1	0
2. I make time in my day for prayer, meditation, or personal time.	5	4	3	2	1	0
3. My values guide my actions and decisions.	5	4	3	2	1	0
4. I am accepting of the views of others.	5	4	3	2	1	0

Emotional/Psychological Wellness

1. I am able to sleep soundly throughout the night and wake feeling refreshed.	5	4	3	2	1	0
2. I am able to make decisions with a minimum of stress and worry.	5	4	3	2	1	0
3. I am able to set priorities.	5	4	3	2	1	0
4. I maintain a balance between school, work, and personal life.	5	4	3	2	1	0

Intellectual Wellness

1. It is easy for me to apply knowledge from one situation to another.	5	4	3	2	1	0
2. I enjoy the amount and variety I read.	5	4	3	2	1	0
3. I find life intellectually challenging and stimulating.	5	4	3	2	1	0
4. I obtain health information from reputable sources.	5	4	3	2	1	0
5. I spend money commensurate with my income, values, and goals.	5	4	3	2	1	0
6. I pay my bills in full each month (including my credit card).	5	4	3	2	1	0

Occupational Wellness

1. I am able to plan a manageable workload.	5	4	3	2	1	0
2. My career is consistent with my values and goals.	5	4	3	2	1	0

Social Wellness

1. I plan time to be with my family and friends.	5	4	3	2	1	0
2. I enjoy my time with others.	5	4	3	2	1	0
3. I am satisfied with the groups/organizations that I am a part of.	5	4	3	2	1	0
4. My relationships with others are positive and rewarding.	5	4	3	2	1	0
5. I explore diversity by interacting with people of other cultures, backgrounds, and beliefs.	5	4	3	2	1	0