

Name:

Date:

What is your level of Wellness?

Directions: Please check off any of the following statements that are TRUE for you.

Physical Health:

- I seldom feel tired or run down.
- I get at least 8 hours of sleep at night
- I regularly use dental floss and a soft toothbrush.
- I do not use tobacco.
- I keep within five pounds of my ideal weight.
- I do at least 20 minutes of aerobic exercise three times a week.
- I eat breakfast every day.
- I do not use alcohol or other drugs.
- I take at least ten minutes each day to relax completely.
- I limit my dietary intake of refined sugar and salt.
- I eat a balanced diet that includes a variety of foods.

Mental Health:

- Sometimes I like to be alone.
- I can name three things I do well. _____
- I am able to say no without feeling guilty.
- I can be satisfied with my effort if I've done my best.
- I take time to think or reason things out.
- I like to explore new ideas.
- I can listen to and think about constructive criticism.

Emotional Health:

- I ask for help when I need it.
- I am happy most of the time.
- I feel okay about crying and allow myself to do so.
- I can accept compliments.
- I express my thoughts and feelings to others.

Spiritual Health:

- I have at least one hobby or interest that I pursue and enjoy.
- I take time to think about the meaning of life.
- I try to see life in a positive way.

I take quiet time almost every day.

I am happy with my life and enjoy what each day has to offer.

Social Health:

I meet people easily.

I am comfortable talking with new acquaintances.

I continue to participate in an activity even when I don't get my own way.

I have at least one or two close friends.

When working in a group, I can accept other peoples ideas.

I can say no to my friends when they are doing things I feel they shouldn't.

I can accept differences in my friends and classmates.

I am comfortable carrying on a conversation with an adult.

If I have a problem with someone, I try to work it out.

I avoid gossiping about people

Vocational Health:

I attend school regularly.

I am on time for school.

I participate in school activities.

I go for help when needed (guidance, advisor, teacher, nurse, administrator)

I participate in extra-curricular activities.