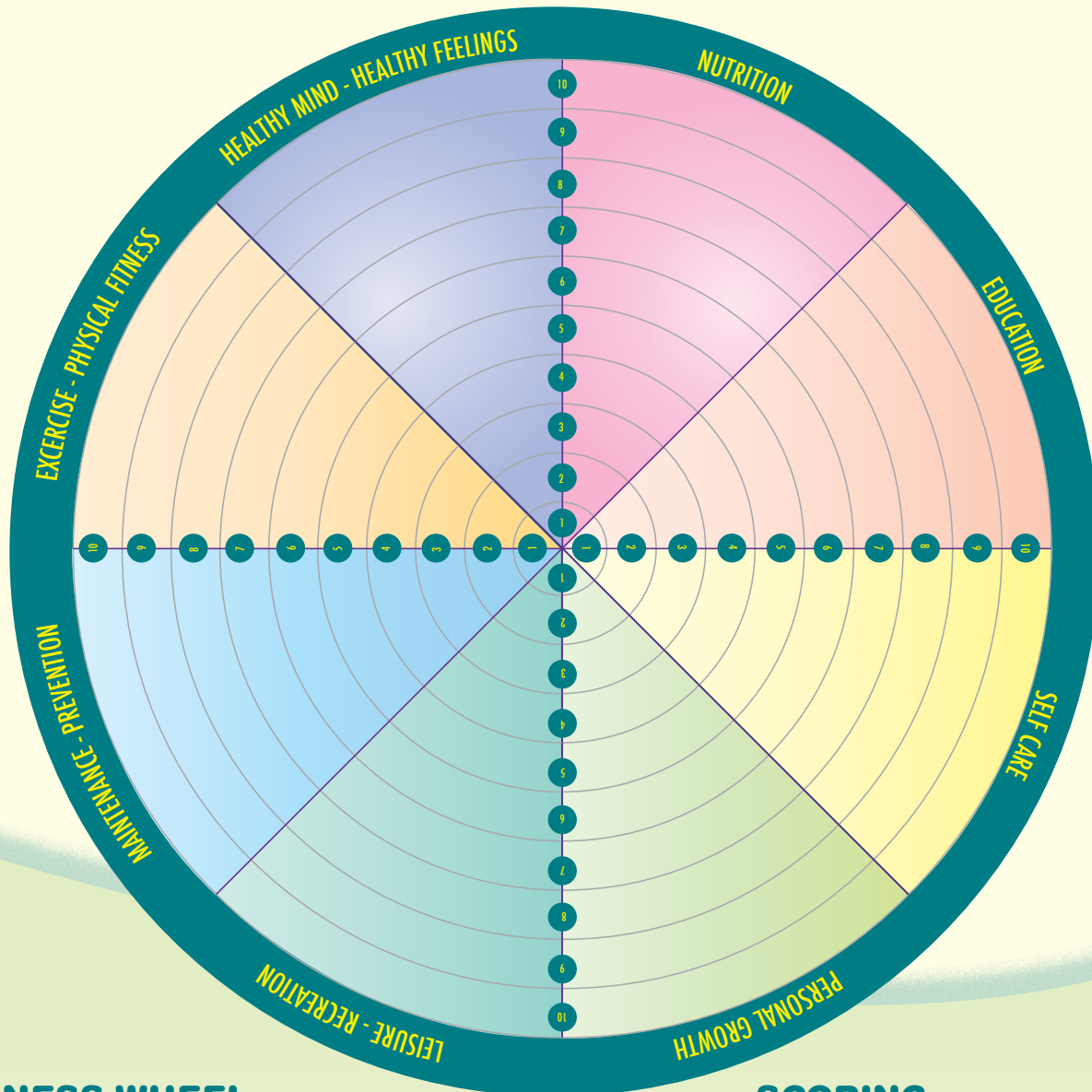


Wellness Wheel



WELLNESS WHEEL

The following wellness wheel exercise will help you get a picture of your overall health and well-being.

Satisfaction in almost every area of life, including career, finances, and relationships, depends on your physical and mental health.

Ask Yourself:

- How satisfied are you with your health?
- Which areas contribute or detract to your overall satisfaction?
- In which area(s) do you want to make changes?

Rate each category.

Place a dot on a scale of 1 (center of circle) to 10 (outside of circle).

10 = Completely Satisfied.
You are completely satisfied with where you are at this point in your life.

5 = Middle of the Road.
It is OK, but there are changes that you could make here.

1 = Completely Dissatisfied.
You would be much happier if everything about this category was completely different.

SCORING

After you rate each category, connect the dots. If the lines were a wheel, how bumpy would the ride be? Imagine riding along with a wheel that is out of balance. Imagine how uncomfortable you would feel. Now, imagine a bumpy ride that lasts for hours, weeks, or a lifetime. Do you want a comfortable, pleasurable, and fulfilling ride? Work with your Coach for help achieving a more balanced wellness wheel.

DESCRIPTION OF CATEGORIES

Nutrition

Consider meals, snacks, and beverages. Consider how well you plan for and prepare meals.

Education

Consider how well you keep yourself informed about current health issues and how open you are to new information.

Self Care

This may include taking care of personal hygiene and getting proper rest.

Personal Growth

This may include intellectual and/or spiritual growth. To what degree do you pursue the experiences that afford you opportunities in personal growth?

Leisure/Recreation

To what degree do you participate in hobbies and personal interests that satisfy and rejuvenate your body and spirit?

Maintenance/Prevention

What do you do to promote health and prevent illness? Consider doctor or dental appointments, and self examinations. To what degree does your lifestyle contribute to good health and prevent illness? Are you at a healthy weight? Is your blood pressure normal? Do you use tobacco? Consider your risk for heart disease, cancer, and diabetes.

Exercise and Physical Fitness

What do you do to keep your body physically fit? Consider aerobics, strength training, and stretching. How fit are you?

Healthy Mind, Healthy Feelings

This includes mental health and emotional well-being, stress management, and coping skills.

UNDERSTANDING YOUR WHEEL

Consider the Following Questions:

How are the imbalances depicted in the wheel affecting your overall health?

How are the imbalances affecting other areas of your life?

Which area is most important to you? Why?

Changes in which area(s) do you feel would most impact your health in a positive way?

What changes are you interested in making right now or in the near future?

MY WELLNESS GOALS

List your top three wellness goals:

1. _____

2. _____

3. _____

Action Steps

List the top 3 action steps you are willing to take and the date you will begin:

1. _____ Date __/__/__

2. _____ Date __/__/__

3. _____ Date __/__/__

