

Personal Wellbeing Assessment

The following statements will help you to identify where to begin your lifestyle changes. Indicate how often each statement is true. Once you are done, add up the total for each category. The lower the number, the more focus it needs.

0 – Never	1 – Sometimes	2 - Always
-----------	---------------	------------

Stress

- _____ I have positive outlets for my stress when I feel overwhelmed.
- _____ I feel confident in my ability to handle stressful situations.
- _____ I am able to focus on one thing at a time, and am rarely distracted by the day, especially by email and texts.
- _____ I often feel confident about my ability to handle my personal problems.
- _____ I often feel that things are going my way.
- _____ TOTAL

Sleep

- _____ I get at least 7-8 hours of sleep and wake up feeling refreshed.
- _____ I feel that my sleep habits help keep me energized and refreshed most days.
- _____ I have a difficult time falling asleep at night.
- _____ I wake up multiple times a night and have a hard time going back to sleep.
- _____ I sleep with the television on and/or look at my phone throughout the night.
- _____ TOTAL

Physical Activity

- _____ I get some kind of physical exercise at least three times per week. (WBA)
- _____ I generally feel better when including physical activity in my day.
- _____ I am able to comfortably do the most exercises of my choosing.
- _____ I include forms of physical activity that I enjoy.
- _____ I feel confident in my ability to make time for exercise when I want to.
- _____ TOTAL

Nutrition

- _____ I consume fruits and vegetables in my daily food choices.
- _____ I start my day with a balanced, nutritious meal.
- _____ I take time to eat the food I think is best for me.
- _____ I am generally pleased with my daily food choices.
- _____ I feel confident that I can trust myself when faced with difficult or tempting food choices.
- _____ TOTAL

Support

- _____ I feel I have the resources I need to support a healthy lifestyle.
- _____ I have family, friends, or co-workers to be a support system.
- _____ I spend time at work doing what I do best and enjoy most.
- _____ I feel confident in my ability to find available programs that can offer support.
- _____ I spend quality time with my family and loved ones and strive to remain “present” when I’m with them.
- _____ TOTAL

General Health

- _____ My health limits my daily activities.
- _____ I am successful in reaching my health goals.
- _____ I know my important health numbers (i.e. blood pressure, cholesterol, weight, etc.).
- _____ I see my primary care doctor once a year.
- _____ I feel like I get sick more often than others around me.
- _____ TOTAL

Check out the [Wellness Wheel](#) to get more information about the areas you need to focus on and find resources available to caregivers.