

Wellness Evaluation

Answer each statement honestly and circle Yes or No. Total your score.

Emotional Factors: Anxiety on job performance, fatigue and stress		
1. Do you ask for assistance when you need it from family, friends or professionals?	Yes	No
2. Do you recognize the stressors in your life?	Yes	No
3. Do you find ways to reduce your stress?	Yes	No
4. Do you maintain a balance of work, family, friends and other obligations?	Yes	No
5. Do you feel good about yourself?	Yes	No
Exercise/Physical	Yes	No
1. Do you exercise 30 to 60 minutes three to four times a week?	Yes	No
2. Do you maintain a desirable weight?	Yes	No
3. Do you sleep between seven to eight hours each night?	Yes	No
4. Do you protect your skin from the sun by using sunscreen, hats or caps?	Yes	No
5. Do you make time for relaxation every day?	Yes	No
Nutritional Dietary Habits	Yes	No
1. Do you begin your day by eating a healthy breakfast?	Yes	No
2. Do you eat three regular healthy meals each day?	Yes	No
3. Do you eat a variety of fruits every day?	Yes	No
4. Do you eat a variety of vegetables every day?	Yes	No
5. Do you drink six to eight glasses of water every day?	Yes	No
Total		

If you answered YES to 12 or more questions then you are practicing good health and wellness. Ten or fewer YES answers means you may need to re-evaluate your wellness plan.

Adapted from: Arizona Department of Health Services
Wellness Assessment: How Balanced Are You?

<http://www.azdhs.gov/hsd/newsletters/az-healthcare-connection/documents/october-2012/wellness-assessment.pdf>