

Balancing Your Wellness Wheel

Instructions: Evaluate your own wellness by completing this activity. Each person is unique, so there is no right or wrong answer. Responses may also vary depending on age and stage of life.

Read each statement. Circle the number next to the statements that are true to you.

Physical Wellness

1. I have an established exercise routine.
2. I am a non-smoker.
3. I am generally free from illness.
4. I get a sufficient amount of sleep.
5. I do not use alcohol or use in moderation.
6. I avoid street drugs.

Nutritional Wellness

7. I eat more than 3 servings of fruits and vegetables every day.
8. In a typical week I eat at home more often than I eat out.
9. The quality of food I choose is important to me.
10. I feel confident in my ability to choose healthy food.
11. In a typical day I drink more water than any other beverage.
12. I eat for health, food is my fuel.

Intellectual Wellness

13. I pursue mentally stimulating interests or hobbies.
14. I am generally satisfied with my education/vocation.
15. I have positive thoughts (low degree of negativity and cynicism).
16. I would describe myself as a lifelong learner.
17. I commit time and energy to professional and self-development.
18. I have specific intellectual goals (ex. Learning a new skill, etc.)

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Occupational Wellness

19. I have a solid balance between saving for the future and spending for the present.
20. My beliefs/values surrounding money are harmonious with my behavior.
21. What I am doing with work/school has purpose.
22. I use money positively (ex. No gambling or excessive massing of goods)
23. I have a balance of work and other aspects of my life.
24. I have financial plans for the future.

Environmental Wellness

25. I am aware of my surroundings at all times.
26. I recycle and conserve energy.
27. My home and work environments are comfortable and clutter free.
28. I make a positive impact on my surroundings.
29. I spend time outside in natural settings.
30. I am aware of and take action to consume clean air and water.

Social Wellness

31. I am able to resolve conflicts in my life.
32. I am aware of the feelings of others and can respond appropriately.
33. I have at least three people with whom I have a close trusting relationship.
34. I am aware of and able to set and respect my own and others boundaries.
35. I have satisfying social interactions with others.
36. I have a sense of belonging and don't feel isolated.

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Emotional Wellness

- 37. I have a sense of fun and laughter.
- 38. I am able to feel and label my emotions.
- 39. I express my feelings appropriately.
- 40. I am able to comfort or console myself when I am troubled.
- 41. I have a sense of control in my life and I am able to adapt to change.
- 42. Others would describe me as emotionally stable

Spiritual Wellness

- 43. I meditate, pray, or engage in some type of growth practice.
- 44. I have a general sense of serenity.
- 45. I have faith in a higher power.
- 46. I have a sense of meaning and purpose in my life.
- 47. I trust others and am able to forgive others and myself and let go.
- 48. Principles/ethics/morals provide guides for my life.

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Place a dot in each pie shaped section of the DSWI Wellness Wheel to reflect your satisfaction with that dimension of wellness in your life. Please think through this part of the activity on your own as it is an integral part of the activity.

1. If you are more satisfied with a specific dimension, place a dot closer to the outside of the wheel.
2. If you are less satisfied with a specific dimension, place a dot closer to the inside of the wheel.

