Wellness Wheel
Personal Health
Inventory

Name: _____

Period: _____ **Due:** _____

Directions: Read the following statements and decide if the statement is:

1: Never True 1.5: Sometimes True 2: Usually True 2.5: Very Often True 3: Always True

When finished, use the answers to make a graphic picture of your wellness. Each segment of the circle will correspond to the question with the same number. Then answer the personal observation questions reacting to what you see.

Mental Health	Mental Health
1. I feel in control of my life and accept things I cannot change.	**1 1.5 2 2.5 3**
2. I feel that I can balance school, extracurricular(s), home and my other responsibilities.	**1 1.5 2 2.5 3**
3. I am able to recognize the situations and factors that cause me stress and handle them appropriately.	**1 1.5 2 2.5 3**
4. I take time each day to do what I want or give time to myself.	**1 1.5 2 2.5 3**
5. When I'm sad and depressed it is usually for a short time.	**1 1.5 2 2.5 3**
6. I don't feel the need to use drugs to feel good, relax, or escape my problems.	**1 1.5 2 2.5 3**
7. I set and accomplish goals for myself on a regular basis.	**1 1.5 2 2.5 3**
8. I recognize emotions and can communicate them or handle them appropriately.	**1 1.5 2 2.5 3**
	Average:
Nutrition and Diet	Nutrition
9. I eat only when I am hungry.	**1 1.5 2 2.5 3**
10. On most days I eat a nutritious breakfast.	**1 1.5 2 2.5 3**
11. I eat five servings of fresh fruits and vegetables each day.	**1 1.5 2 2.5 3**
12. Most of the grains I eat in my diet are whole grains.	**1 1.5 2 2.5 3**
13. Most of my 'snacks' are not candy, pastries and other 'junk' foods.	**1 1.5 2 2.5 3**
14. I read and understand product labels in determining the nutritional quality of food and am aware of the calorie content of my food.	**1 1.5 2 2.5 3**
15. I avoid foods high in simple sugars and salt.	**1 1.5 2 2.5 3**
16. I avoid eating fatty foods such as red meat, fried foods, ice cream, 2% milk and fast food on a regular basis.	**1 1.5 2 2.5 3**
	Average:
Fitness	Fitness
17. I have enough energy to get me through my day.	**1 1.5 2 2.5 3**
18. I stretch or bend for several minutes each day to keep my body flexible.	**1 1.5 2 2.5 3**
19. I feel good about my body and maintain a normal body weight.	**1 1.5 2 2.5 3**
20. I engage in some form of vigorous (sweat-producing) physical activity at least three times a week.	**1 1.5 2 2.5 3**
21. I have several (physical) activities I enjoy participating in.	**1 1.5 2 2.5 3**
22. I can jog for fifteen minutes without becoming overly tired.	**1 1.5 2 2.5 3**
23. Physical activity is a part of my daily life.	**1 1.5 2 2.5 3**
24. My exercise program includes a good mix of fitness components (aerobic, muscular and flexibility).	**1 1.5 2 2.5 3**
	Average: