

# INTEGRATIVE HEALTH AND WELLNESS ASSESSMENT

1=NEVER 2=RARELY 3=OCCASIONALLY 4=FREQUENTLY 5=ALWAYS

## LIFE BALANCE/SATISFACTION

- |                                                                                                        | 1                     | 2                     | 3                     | 4                     | 5                     |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I have balance between my work, family, friends, and self.                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I can release anxiety, worry, and fear in a healthy way.                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I use strategies (breathing, stretching, relaxation meditation and imagery) to manage stress daily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I recognize negative thoughts and reframe them.                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## RELATIONSHIPS

- |                                                                           |                       |                       |                       |                       |                       |
|---------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. I create and participate in satisfying relationships.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel comfortable sharing my feelings/opinion without feeling guilty. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I easily express love and concern to those I care about.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## SPIRITUAL

- |                                                                            |                       |                       |                       |                       |                       |
|----------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. I feel that my life has meaning, value, and purpose.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I feel connected to a force greater than myself.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I make time for reflective practice (affirmation, prayer, meditation). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## MENTAL

- |                                                                       |                       |                       |                       |                       |                       |
|-----------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. I prioritize my work and set realistic goals.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I ask for help/assistance when needed.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I can accept circumstances and events that are beyond my control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## EMOTIONAL

14. I recognize my own feelings and emotions.
15. I express my feelings in appropriate ways.
16. I practice forgiveness.
17. I listen to and respect the feelings of others.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PHYSICAL/NUTRITION

18. I eat at least 5 servings of fruits and vegetables, and recommended whole foods (beans, nuts, etc.) daily.
19. I drink 6-8 glasses of water daily.
20. I eat real food.
21. I eat mindfully (not multi-tasking or in front of the TV).

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PHYSICAL/EXERCISE

22. I do stretching or flexibility activities 2 or more days a week.
23. I do muscle-strengthening activities (free-weights, machines, resistance bands, body weight exercises, carrying heavy loads) for all major muscle groups 2 or more days a week.
24. I do moderate-intensity aerobic activity (i.e., brisk walking, or any activity that makes you breathe harder/ increased heart rate) for at least 150 minutes a week.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PHYSICAL/WEIGHT

25. I maintain an ideal weight.
26. I have gained no more than 11 pounds in adulthood.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ENVIRONMENTAL

27. I have a healthy non-toxic home environment.
28. I have a healthy non-toxic work environment.
29. I am aware of how my external environment affects my health and wellbeing.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HEALTH RESPONSIBILITY

- |                                                                                                                                                             | 1                     | 2                     | 3                     | 4                     | 5                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 30. I believe I am key to my wellbeing and overall health, and address symptoms as they arise.                                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I know my blood pressure, triglycerides, cholesterol and glucose levels.                                                                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I am aware of my risk factors for disease.                                                                                                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I am not addicted to a substance or behavior (alcohol, drugs, sex, food, gambling, shopping, exercise, internet).                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I can work and do regular activities of daily life.                                                                                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I avoid smoking or using smokeless tobacco.                                                                                                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I discuss/formulate a wellness plan with my primary healthcare provider, and if needed, take and know prescribed medications and possible side effects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**TOTAL SCORE** \_\_\_\_\_/180

# INTEGRATIVE HEALTH AND WELLNESS ASSESSMENT

AREAS TO ADDRESS	SCORE	MY READINESS TO CHANGE 1= IN ONE YEAR 2= WITHIN 6 MONTHS 3= NEXT MONTH 4= IN 2 WEEKS 5= NOW	PRIORITY FOR MAKING CHANGE 1= NEVER A PRIORITY 2= VERY LOW PRIORITY 3= MEDIUM PRIORITY 4= PRIORITY 5= HIGHEST PRIORITY	CONFIDENCE IN MY ABILITY TO DO IT 1= NOT AT ALL CONFIDENT 2= NOT VERY CONFIDENT 3= SOMEWHAT CONFIDENT 4= CONFIDENT 5=VERY CONFIDENT
<b>LIFE BALANCE &amp; SATISFACTION</b>	<b>/20</b>			
<b>RELATIONSHIP</b>	<b>/15</b>			
<b>SPIRITUAL</b>	<b>/15</b>			
<b>MENTAL</b>	<b>/15</b>			
<b>EMOTIONAL</b>	<b>/20</b>			
<b>PHYSICAL &amp; NUTRITION</b>	<b>/20</b>			
<b>PHYSICAL &amp; EXERCISE</b>	<b>/15</b>			
<b>PHYSICAL &amp; WEIGHT</b>	<b>/10</b>			
<b>ENVIRONMENT</b>	<b>/15</b>			
<b>HEALTH RESPONSIBILITY</b>	<b>/35</b>			

## **ACTION PLAN**

**PLEASE LIST 3 CHANGES THAT YOU CAN IMPLEMENT INTO YOUR CURRENT LIFESTYLE OVER THE NEXT 3 MONTHS.**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL CHANGES, COMMENTS, THOUGHTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_