Name Date

WELLNESS INVENTORY



Use the following rating scale to complete your wellness inventory.

WELLNESS RATING SCALE

3 = ALWAYS

2 = SOMETIMES

1 = RARELY

0 = NEVER

Type the corresponding number into the "My Rating" section for each question. At the end of the inventory, your results will be automatically calculated.



PHYSICAL WELLNESS 1 I participate in at least 60 minutes of physical activity daily. 2 I take every opportunity to walk or bike places rather than drive. 3 When given the option between white and whole grains, I choose whole grains. 4 I choose water or milk over pop or energy drinks. 5 I read nutrition labels when selecting and purchasing food. 6 I get a minimum of nine hours of sleep each night. 7 I brush my teeth at least twice a day, floss daily, and see the dentist at least once a year for checkups. 8 I see my doctor for yearly check-ups.

UNIT 4

WELLNESS RATING SCALE 3 = ALWAYS 2 = SOMETIMES 1 = RARELY 0 = NEVER

SOCIAL WELLNESS	MY RATING
1 I am a responsible user of the internet and social media platforms, and I am kind to other users of the internet.	
2 I have people in my life who I am able to confide in.	
3 I am accepting of others who are different than me.	
4 I volunteer my time in my community several times a year.	
5 I am kind to everyone that I meet, regardless if they are a friend or not.	
6 I am involved in social functions through my school and/or community.	
7 I make time each week to hang out with my friends and family.	
8 I use social media to share positive thoughts about myself and others.	

INTELLECTUAL WELLNESS

MY RATING

1 I read for enjoyment several times a week, whether it is magazines, blogs, or novels.	
2 I challenge myself with word games or creative problem-solving activities regularly.	
3 I read/listen/watch the news and am aware of what is happening in my community, country, and around the world.	
4 I make time each week to express myself creatively, whether it is through writing, drawing, music, or photography.	
5 Throughout the year, I make an effort to visit local arts-based events (museums live theater, gallery installments, etc.).	,
6 I would like to continue my education beyond high school.	
7 I am curious, and I like to learn new things.	

UNIT 4

WELLNESS RATING SCALE 3 = ALWAYS 2 = SOMETIMES 1 = RARELY 0 = NEVER

EMOTIONAL WELLNESS	MY RATING
1 I spend time with my friends and family every week doing activities and laughing.	
2 I am able to talk to my family and friends about how I am feeling.	
3 I have a hobby that I enjoy and make time for it a couple times a week.	
4 I avoid using alcohol and drugs.	
5 I surround myself with friends who don't use alcohol and drugs.	
6 If I started feeling emotionally unwell, I would talk to my parents or call the Kids Help Phone.	
7 I would be able to recognize the signs and symptoms of illnesses such as schizophrenia, depression, anxiety, and eating disorders.	

SPIRITUAL WELLNESS	MY RATING
1 I am accepting of others' beliefs, even if they differ from mine.	
2 I spend time each day reflecting, praying, or meditating.	
3 I take time to enjoy nature and feel connected to my environment.	
4 I am committed to following what I believe.	
5 I have a sense of who I am and why I am here.	
6 I volunteer my time regularly in my community.	

Review your Wellness Inventory results on the following page.

UNIT 4

WELLNESS INVENTORY RESULTS	MY SCORE
PHYSICAL WELLNESS	
SOCIAL WELLNESS	
INTELLECTUAL WELLNESS	
EMOTIONAL WELLNESS	
SPIRITUAL WELLNESS	

SCORE INTERPRETATION

Look at your score in each dimension.

If your score in a dimension is between 2 and 3, you are probably doing pretty well in that area. If your score is between 1 and 2, you could probably make a few small changes to help enrich that dimension. If your score is less than 1, it is time to start thinking about some bigger changes.

Remember, to be truly well you need to be well across all the dimensions. If you are not well in one dimension it will start to affect other aspects of your life.

MY WELLNESS INVENTORY REFLECTION

At the end of this unit, you will complete an **Action!** project that will have you reflect on your understanding of wellness and what it means to you. Consider the following questions before you post your Wellness Inventory to your e-Portfolio, as they will help you complete your project.

- a. What does wellness mean to you?
- **b.** What factors contribute to your overall wellness?
- c. What factors interfere with your overall wellness?
- **d.** How does wellness affect your relationships with others?
- e. What can you do in the future to try to maintain wellness?



Review your assignment to ensure it is complete. Save it, and return to the course for submission instructions.