

Integrative Health & Wellness Assessment

1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Always

Life Balance/Satisfaction

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1. I have balance between my work, family, friends and self.
2. I get 6 to 8 hours of uninterrupted sleep each night.
3. I use strategies (breathing, stretching, relaxation, meditation and imagery) to manage stress daily.
4. When I recognize negative thoughts I reframe them.

1	2	3	4	5
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Relationships

/ 15

5. I have people in my life that I trust and can go to for support and guidance.
6. I am able to say no to others without feeling guilty.
7. I clearly express my needs and desires.

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Spiritual

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8. I feel that my life has meaning, value and purpose.
9. I feel connected to a force greater than myself.
10. I make time for reflective practice (affirmations, prayer, and meditation).

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Mental

/ 15

11. I set realistic goals.
12. I ask for help/assistance when needed.
13. I can accept circumstances and events that are beyond my control.

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Emotional

/ 20

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.

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Physical/Nutrition

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

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Physical/Exercise

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23. I do aerobic exercise regularly 20-30 min., 3x a week.

1	2	3	4	5
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24. I do muscle strengthening activities on 2 or more days a week.

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25. I do stretching activities for 5 min., 2-3x a week.

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Environment

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26. I have a healthy non-toxic home environment.

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27. I have a healthy non-toxic work environment.

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28. I'm aware of how my external environment affects my health & well-being.

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29. I have a smoke free environment.

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Health Responsibility

/ 20

30. I believe that I am key to well-being.

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31. I pay attention to my physical well-being and address symptoms as they arise.

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32. I know my blood pressure, triglycerides, cholesterol and glucose levels.

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33. I am aware of my risk factors for disease.

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Total Score

/ 165

AREAS TO ADDRESS	SCORE	MY READINESS TO CHANGE 1= In One Year 2= Within 6 Months 3= Next Month 4= In Two Weeks 5= Now	PRIORITY FOR MAKING CHANGE (1-5) 1= Lowest 5= Highest	CONFIDENCE IN MY ABILITY TO DO IT (1-5) 1= Lowest 5= Highest
Life Balance/Satisfaction	/ 20			
Relationship	/ 15			
Spiritual	/ 15			
Mental	/ 15			
Emotional	/ 20			
Physical/Nutrition	/ 25			
Physical/Exercise	/ 15			
Environment	/ 20			
Health Responsibility	/ 20			