



## PHYSICAL WELLNESS ASSESSMENT

1. I exercise aerobically (vigorous, continuous) for 20-30 minutes at least three times per week.	2	1	0
2. I eat fruits, vegetables, and whole grains every day.	2	1	0
3. I avoid tobacco products.	2	1	0
4. I wear a seatbelt while riding and driving in the car.	2	1	0
5. I deliberately minimize my intake of cholesterol, dietary fats, and oils.	2	1	0
6. I avoid drinking alcoholic beverages or I consume no more than one drink per day.	2	1	0
7. I get an adequate amount of sleep (6-8 hours).	2	1	0
8. I have sufficient coping mechanisms for dealing with stress.	2	1	0
9. I maintain a regular schedule of immunizations, physical and dental checkups (including Pap smears, blood pressure, and cholesterol checks), and monthly self-exams of breasts or testicles.	2	1	0
10. I support and help with family, neighborhood, and work social gatherings.	2	1	0

TOTAL \_\_\_\_\_

**15-20 Points:** You have excellent strength in this dimension! Make sure your activities are balanced between all dimensions.

**9-14 Points:** There is room for improvement. Challenge yourself to find three new things to try in order to improve your physical wellness.

**0-8 Points:** This dimension needs a lot of work. What small steps can you take to begin taking steps towards growth? Remember, the goal is overall wellness and balance.



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In completing this wellness assessment,

I was surprised to learn that I \_\_\_\_\_

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I was disappointed that \_\_\_\_\_

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Things I am currently doing to help improve my physical wellness are \_\_\_\_\_

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Things I will do differently or change to make my physical wellness a priority are \_\_\_\_\_

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