

To take this Assessment, you must print out this form and fill it in.



**Custom Wellness Questionnaire**

These questions give an assessment of six areas of wellness. Your answers offer a tool for you to see areas that you might want to change or improve.

If you are interested in further evaluation and discussion of your results; in Wellness Coaching to help you in setting, achieving, and maintaining goals in any of these areas of wellness; in Wellness Classes; or in Wellness Consulting for families, groups or businesses, please contact Wellstates. To contact Wellstates, call 405.471.5260 or email us at mail@wellstates.com.

**Instructions:** Using the numbered choices below, select the answer that most describes you. Put that number on the line by each question. Add up your score for each section. At the end of the questionnaire, total your scores.

- 1. Almost Never (less than 10% of the time)
- 2. Occasionally (about 25% of the time)
- 3. Often (about 50% of the time)
- 4. Very Often ( about 75% of the time)
- 5. Almost Always (at least 90% of the time)

**Physical Wellness**

**Score**

- 1. I do aerobic exercise (continuous and vigorous activity to get my heart rate up) for 20 to 30 minutes at least three times per week. \_\_\_\_\_
- 2. I do stretching and flexibility exercise at least three times per week. \_\_\_\_\_
- 3. I do strength training with weights or other equipment at least three times per week. \_\_\_\_\_
- 4. I eat five to nine servings of vegetables and fruits daily. \_\_\_\_\_
- 5. I eat high fiber foods such as whole grain breads, cereals, rice and beans daily. \_\_\_\_\_
- 6. I avoid eating processed, high fat meat, dairy and fried or sugary foods or restaurant and fast foods. \_\_\_\_\_
- 7. I am at a healthy weight for my height and bone structure and my waist size is less than 35 inches for a woman or less than 40 inches for a man. \_\_\_\_\_
- 8. I keep my blood pressure and cholesterol levels within the range recommended by my doctor. \_\_\_\_\_
- 9. I brush my teeth after meals, floss daily and see a dentist for regular teeth cleaning. \_\_\_\_\_
- 10. I do not use tobacco products nor do I drink more than 3 alcoholic beverages per week. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

**Intellectual Wellness**

- 1. I engage in activities that use my mind such as reading, doing games, puzzles, or hobbies daily. \_\_\_\_\_
- 2. I try to learn something new or a new skill that I haven't done before weekly. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

## Social Wellness

1. I take time to play with and enjoy family and friends. \_\_\_\_\_
2. I participate in community, church, social and/or volunteer activities. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

## Emotional Wellness

1. I am happy with myself and my life. \_\_\_\_\_
2. I express my emotions in acceptable ways. \_\_\_\_\_
3. I have little stress in my life. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

## Spiritual Wellness

1. I live a life of purpose and meaning consistent with my values. \_\_\_\_\_
2. I spend time daily in prayer, meditation and/or personal reflection. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

## Occupational Wellness

1. I enjoy my work (whether it is employment or family and household caretaking). \_\_\_\_\_
2. The level of stress in my work and the balance between my work and leisure or time for myself are acceptable to me. \_\_\_\_\_

**ADD YOUR SCORES FOR THIS SECTION AND PUT THE TOTAL ON THIS LINE** \_\_\_\_\_

**Put Your Score total for each Wellness area section here:**

- |                          |                  |                            |
|--------------------------|------------------|----------------------------|
| 1. Physical Wellness     | Your Total _____ | Highest Possible Score: 50 |
| 2. Intellectual Wellness | Your Total _____ | Highest Possible Score: 10 |
| 3. Social Wellness       | Your Total _____ | Highest Possible Score: 10 |
| 4. Emotional Wellness    | Your Total _____ | Highest Possible Score: 15 |
| 5. Spiritual Wellness    | Your Total _____ | Highest Possible Score: 10 |
| 6. Occupational Wellness | Your Total _____ | Highest Possible Score: 10 |

**Add your totals for an overall Wellness score**      **TOTAL** \_\_\_\_\_ **Highest Possible Total: 105**

**The higher your scores in each separate area of wellness indicate you are experiencing high levels of wellness in the different areas measured.**  
**Your total score indicates your overall wellness.**  
**You can use this assessment to determine if there are areas of wellness you want to improve.**