

In order to gather input on your current wellness experience, complete the following activity and questions. You and your coach may revisit this process throughout your coaching plan.

Part I

First, review the following wellness domains for overall definitions of behaviors or activities that are associated with wellness in that area.

Movement

Movement includes formal exercise like going to the gym, running, or participating in group fitness classes, and also encompasses casual walks with friends or shopping, casual outdoor cycling, recreational swimming, household chores, and other activities that aren't formal or regimented.

Recovery & Regeneration

Our bodies and minds often need time to recover and behaviors like quiet rest, stretching, meditation, breathing exercises, reading, and going for a massage can help.

Sleep

Going to bed and waking at the same time each day, staying asleep without long episodes of wakefulness, and having a routine to prepare for bed are examples of quality sleep behaviors.

Nutrition

Consuming a diet that primarily consists of whole foods, eating until one feels satisfied, drinking enough water, and enjoying social dining are all examples of beneficial eating behaviors.

Mental & Emotional Well-being

When we talk about wellness behaviors associated with our mental and emotional wellness, we refer to stress management, cognitive clarity, and true connections to other people.

Part II

On the following wheel, trace the dotted line within each segment of the wheel (a scale of 0 to 10) that corresponds with how strongly you feel you participate in or display the wellness behaviors in that category (with 1 being very low or no confidence or feelings of wellness and 10 being very high). You can also refer to the example provided for more help. Then, answer the questions that follow.

Example



Wellness Scale



Part III

Rank the following items with regard to how true they are for you.

	Very false	Somewhat false	Neutral	Somewhat true	Very true
I regularly get 7+ hours of sleep/night.					
I wake feeling rested.					
I dedicate a part of my day doing something I find mentally restorative (e.g., reading, breathing exercises, meditation, or music).					
I participate in activities like yoga, stretching, massage, or other mind-body movement most days of the week.					
My diet predominantly consists of whole foods.					
I feel like I have a relationship with food that contributes to my well-being.					
I engage in regular physical activity and/or exercise 5+ days a week.					
I participate in movement or physical activities that contribute to my mental, emotional, and physical well-being.					
I feel like I have healthy, reciprocal relationships with those closest to me.					
I have healthy tools and strategies that help me cope with stress.					
I consider my daily stress to be manageable.					
I have tools that help me remain focused, attentive, and clear-minded throughout the day.					

Wellness Self-Assessment



For areas that you have indicated a high sense of wellness, please describe what behaviors or strategies work well for you.

For areas you have indicated no or low sense of wellness, please describe what behaviors or strategies you feel would move them to a higher rating on the wheel.
