Personal Assessment: 8 Dimensions of Wellness

Directions: Circle the number that applies to you for each statement. Then, total up the number for each of the 4 columns. Write the sum of all your totals in the light gray box to the right of the chart. This number is your score for that dimension (out of 40).

EMOTIONAL	Rarely, if ever	Sometimes	Most of the time	Always	
I find healthy ways to cope with stress (e.g. exercise, meditation, social support, self-care activities, etc.)	1	2	3	4	
I am able to ask for assistance when I need it, either from friends and family, or professionals.	1	2	3	4	
I accept responsibility for my own actions.	1	2	3	4	
I am able to set priorities.	1	2	3	4	
I feel good about myself and believe others like me for who I am.	1	2	3	4	
I am flexible and able to adapt/adjust to life's changes in a positive way.	1	2	3	4	
I can express all ranges of feelings (i.e. hurt, sadness, fear, anger, joy, etc.) and manage emotion-related behaviors in a healthy way.	1	2	3	4	
I maintain a balance of work, friends, family, school and other obligations.	1	2	3	4	
I do not let my emotions get the better of me. I think before I act.	1	2	3	4	
I have a healthy relationship with social media.	1	2	3	4	
TOTAL					

SPIRITUAL	Rarely, if ever	Sometimes	Most of the time	Always	
I take time to think about what is important in life – who I am, what I value, where I fit in, where I'm going.	1	2	3	4	
I make time for relaxation during the day.	1	2	3	4	
I have a belief system in place (religious, agnostic, atheist, spiritual, etc.).	1	2	3	4	
My values guide my decisions and actions.	1	2	3	4	
I have a sense of purpose in my life.	1	2	3	4	
I am tolerant and accepting of the view of others.	1	2	3	4	
I utilize resources to improve my well-being.	1	2	3	4	
I am active in communities or causes I care about.	1	2	3	4	
I am able to set, communicate and enforce boundaries.	1	2	3	4	
I work to create balance and peace within my interpersonal relationships, community and the world.	1	2	3	4	
TOTAL					

PHYSICAL	Rarely, if ever	Sometimes	Most of the time	Always	
I manage my weight in healthy ways.	1	2	3	4	
I exercise regularly.	1	2	3	4	
I get 7-9 hours of sleep each night and feel rested in the morning.	1	2	3	4	
I seek advice from health care professionals if I have a health concern I cannot solve on my own.	1	2	3	4	
I do not use or avoid harmful use of drugs (over-the-counter, prescription and illicit).	1	2	3	4	
I drink alcohol responsibly (i.e. designated sober driver, avoid binge drinking, etc.)	1	2	3	4	
I protect my skin from sun damage by using sunscreen with SPF 30+, wearing hats and/or avoiding tanning booths and sun lamps.	1	2	3	4	
I maintain healthy eating patterns that include fruits and vegetables.	1	2	3	4	
I stay hydrated and drink water throughout the day.	1	2	3	4	
I protect myself from STIs and unwanted pregnancy by either abstaining from sexual behaviors or using proper protection, such as condoms.	1	2	3	4	
TOTAL					