

# What is Your Physical Wellness?

*Do you participate in physical activities that keep you flexible and strong?*

Read each statement carefully and respond honestly by using the following scoring:

**Almost always = 2 points**

**Sometimes/occasionally = 1 point**

**Very seldom = 0 points**

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

\_\_\_\_\_ **Total for Physical Wellness**

SCORE	MEANING
<b>15 to 20 Points</b>	Excellent strength in this dimension.
<b>9 to 14 Points</b>	There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?
<b>0 to 8 Points</b>	This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here. Remember: The goal is balanced wellness.