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Name _____

Date _____

On a scale of 1 (poor) to 10 (optimum), mark your current health level in these seven essential areas:



Mental Health

Are you open to new ideas? Do you seek out new experiences and learn new skills? What is the quality of the information and entertainment you allow into your mind?



Physical Health

What is your physical condition? Are you drinking plenty of water, receiving good nutrition, getting regular exercise and enjoying the proper weight for your height?



Financial Health

Are you living within your means? Is your debt within manageable limits? Do you make charitable contributions and save for the future? Are you properly insured?

Spiritual Health
How connected do you feel to the higher power in your life?

Do you enjoy a sense of purpose and peace? Do you regularly study, meditate, pray or worship?



Spiritual Health

Career Health

Career Health
Do you like what you do for a living?

Does your career reflect and advance your deepest values? Is your work meaningful and suited to your skills and interests?



Social Health

Social Health

How well do you interact with people? Are you able to maintain long-term friendships? Are you comfortable in new social situations and in the company of others?



Family Health

Are you in a loving relationship with shared values?

Do you give your family time and attention? Do you have a close connection with children, parents and relatives?

Your health affects everything you do and everyone you know. We use this confidential worksheet to record a "snapshot" of your estimated overall health so we can track your progress.

Wellness

W E L L N E S S W H E E L