

Physical Wellness Self-Assessment



Choose the most accurate answer in both columns for each statement.	How <u>true</u> is this for you currently?			How <u>motivated</u> are you to make a change in this area?		
Physical:	Rarely	Sometimes	Often	Slightly	Somewhat	Highly
 <ul style="list-style-type: none"> ▪ recognize the need for physical activity, healthy foods and sleep ▪ prevent illness and injury ▪ take care of the body for optimal health 						
I engage in physical activity regularly. [ex: 30 minutes at least 5 times a week]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get 6-8 hours of sleep each night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not use tobacco products, including vaping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not use drugs, including marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat a well-balanced and nutritional diet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stay hydrated throughout the day by drinking water.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I protect my skin by using sunscreen with SPF 30+, wearing hats, avoiding tanning booths and sun lamps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I protect myself and others from getting sick. [ex: wash my hands, cover my cough]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get regular physical exams each year. [ex: breast exams, testicular exams, STI testing]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use protective barriers [ex: condoms, dental dams] when engaging in sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I limit the amount of sugar I consume.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use the LSSC Strength and Conditioning room at the Leesburg campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Physical Wellness Self-Assessment



Current: Who/Where am I right now?	Desired: Who/Where do I want to be?
Write or draw an object(s) highlighting the areas of your <i>current physical lifestyle</i> you want to celebrate and/or improve.	Write or draw an object(s) highlighting the areas of your <i>future physical lifestyle</i> you hope to achieve.

Example: I will get six to eight hours of sleep every night this week.

Goal 1. _____

Goal 2. _____

Goal 3. _____

Positive Outcomes/Benefits if Goal is Accomplished	Potential Consequences of <u>Not</u> Reaching the Goal	Likely Obstacles/Barriers and Difficulties	Possible Options for Solutions, Help and Resources