

Name _____

Date _____

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



Physical Health

What is your physical condition?

Are you receiving good nutrition, drinking plenty of water, 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?



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?



Mental Health

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?



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?



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

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



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.

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