

UBwell



Personal Physical Wellness Assessment

| | Rarely, if ever | Sometimes | Most of the time | Always |
|--|--------------------|-----------|---------------------|--------|
| 1 I maintain a desirable weight. | 1 | 2 | 3 | 4 |
| 2 I engage in vigorous exercises for over 30 minutes a day (i.e. brisk walk, cycling) up to 5 times a week and strengthening exercises 2 or more days a week | 1 | 2 | 3 | 4 |
| 3 I get 7-8 hours of sleep each night and awake feeling refreshed. | 1 | 2 | 3 | 4 |
| 4 I listen to my body; when there is something wrong, I seek professional advice. | 1 | 2 | 3 | 4 |
| 5 I abstain from drug abuse over the counter (OTC) | 1 | 2 | 3 | 4 |
| 6 I responsibly use alcohol. (i.e. designating sober driver and avoiding binge drinking) | 1 | 2 | 3 | 4 |
| 7 I know my important health numbers: cholesterol, blood pressure, blood glucose, body weight, | 1 | 2 | 3 | 4 |
| 8 I protect my skin from sun damage by using sunscreen, wearing hats, and/or avoid tanning | 1 | 2 | 3 | 4 |
| 9 I eat at least 5 servings of fresh fruit and vegetables daily and drink water regularly. | 1 | 2 | 3 | 4 |
| 10 I protect myself from STDs and unwanted pregnancy by either abstaining from sexual behavior or using proper protection. | 1 | 2 | 3 | 4 |
| Total | | | | |
| Maximum Score: 40 | | | | |

After completing this assessment I was surprised to learn:

I was disappointed that:

Things I am currently doing to help improve my physical wellness are:

Things that I will do differently or change to make my physical wellness a priority are:
