

Name: _____

Date: _____

HEALTH TRIANGLE SELF ASSESSMENT

Healthy: A quality of life utilized by achieving a balanced combination of physical, mental/emotional, and social well-being.

Wellness: An overall state of well-being or total health; the ultimate way of life that works to keep the three components of health working together.

Physical Health: Involves keeping your body as fit as possible, practicing good personal hygiene, good nutrition, exercise, proper rest and sleep, and practicing good safety habits

Mental Health: Involves being comfortable with yourself, feeling good about yourself, being able to meet the demands of life, being able to express emotions in healthy ways , and being able to cope with the stress of daily life

Social Health: Involves how you relate to others, how you choose your friends, and activities that you are involved at home, school, work, and/or leisure.

What is Your Level of Wellness?

Directions: Mark the appropriate number on the blank that best categorizes your ranking for each statement below. Add up your numbers and give yourself a sub total for each section. At the end, add all 3 sub totals for each section to come up with a final total for the entire self assessment. Refer to the scoring system at the end to see where you rank.

3 = STRONG

2 = AVERAGE

1 = WEAK

0 = VERY POOR

PHYSICAL HEALTH

- ___ I bathe daily, and brush and floss my teeth daily
- ___ I am within 5 pounds of my ideal/desirable weight
- ___ I spend less than 2 hours a day sitting (during free time)
- ___ My resting heart rate is below 70 beats/minute
- ___ I play/participate in an organized athletic sport/competition
- ___ I do at least 20 minutes of aerobic exercise at least 3 times a week or more
- ___ I stretch or do flexibility exercises at least 5-10 minutes every day
- ___ I do strength training exercise for at least 20 minutes for at least 2 times a week or more
- ___ I relax at least 15 minutes each day
- ___ I seldom feel tired or run down throughout a normal day
- ___ I get 8 to 10 hours of sleep each night
- ___ I avoid fast food and eat home cooked meals most days
- ___ I eat a balanced diet that includes a variety of foods
- ___ I drink eight cups of water each day
- ___ I eat whole grain bread and cereals and avoid white flour
- ___ I limit my intake of sugar. Have soft drinks less than 3 times a week
- ___ I read the food ingredients lists on packaged food labels to understand the quality of the product
- ___ I avoid the use/abuse non-medicinal drugs including tobacco and alcohol
- ___ I take preventative measures for personal safety
- ___ I analyze health information and products (reading health literature, articles, journals, etc.)

_____ **SUB TOTAL for PHYSICAL HEALTH (0-60)**

MENTAL / EMOTIONAL HEALTH

- _____ I am happy most of the time
- _____ I enjoy challenges that help me mentally grow
- _____ I can name 3 things I do well
- _____ I feel okay about crying and allow myself to do so
- _____ I give others sincere compliments
- _____ I can accept compliments
- _____ I make thoughtful and responsible decisions
- _____ I listen to and think about constructive criticism
- _____ I ask for help when I need it
- _____ I am able to say “no” to people without feeling guilty
- _____ I can be satisfied with my effort if I have done my best
- _____ I express my thoughts and feelings in a positive manner
- _____ I have at least one hobby or interest I pursue and enjoy
- _____ I accept responsibility for my actions
- _____ I am willing to accept new ideas and try new behaviors
- _____ I handle setbacks without loss of self-esteem
- _____ I am aware of my emotions and manage and express them appropriately
- _____ I recognize emotional problems in myself or others and seek help when needed
- _____ I feel that my life has meaning and have a sense of control over my life
- _____ I successfully manage my stress/frustrations with skill and enjoyment, not letting it become overwhelming

_____ **SUB TOTAL for MENTAL / EMOTIONAL HEALTH (0-60)**

SOCIAL HEALTH

- _____ I show respect and care for myself and others
- _____ I communicate clearly and use good active listening skills with others
- _____ I meet people easily and am comfortable entering into conversations with new acquaintances
- _____ I continue to participate in an activity even though I don't always get my way
- _____ I have at least one or two close friends (develops supportive friendships)
- _____ I can be assertive and set personal boundaries with family, friends, others, etc
- _____ When working in a group, I accept other people's ideas and suggestions
- _____ I can say “no” to my friends if they are doing something I do not want to do
- _____ I can accept differences in my friends and classmates
- _____ I usually have success making friends with females of my age
- _____ I usually have success making friends with males of my age
- _____ I am comfortable carrying on a conversation with an adult
- _____ If I have a problem with someone, I try to work it out (resolves conflicts effectively) _____
- I avoid gossiping about people
- _____ I seek and lend support when needed
- _____ I socialize well with others without the influence of alcohol or other drugs
- _____ I understand and accept my own sexuality
- _____ I understand the risks of sexually transmitted diseases and pregnancy and take responsibility for my own behavior

___ I continue growing, learning, and facing new challenges throughout life

___ I relate to the larger environment (home, community, world) and take a share of the responsibility for it

___ **SUB TOTAL for SOCIAL HEALTH (0-60)**

TOTALS

___ **SUB TOTAL for PHYSICAL HEALTH (0-60)**

+

___ **SUB TOTAL for MENTAL / EMOTIONAL HEALTH (0-60)**

+

___ **SUB TOTAL for SOCIAL HEALTH (0-60)**

=

___ **THE FINAL TOTALS (0-180)**

SCORING

165-180 OUTSTANDING

150-164 GREAT

100-119 AVERAGE

135-149 GOOD

120-134 FAIR

75-99 BELOW AVERAGE

50-74 POOR

0-49 NEEDS HELP

