Your Building Blocks to Wellness

How balanced are Your Building Blocks to Wellness? Answer each question and select the percent of time that closely matches how often your behavior (0%, 25%, 50%, 75%, 100%). What can you change to increase your balance?

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|  | PHYSICAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you engage in at least 2.5 hours of physical activity (i.e. walking, running, biking, weightlifting, yoga, swimming, sports,) in a week? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Do you make food choices that honor your health & taste buds while making you feel well? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you receive the recommended 7-9 hours of sleep each night? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Do you receive routine physical exams (i.e. vaccinations, breast exams, testicular exams, STI testing) each year? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | Do you consume no more than 7 alcoholic drinks per week (sex assigned at birth female) or no more than 14 alcoholic drinks per week (sex assigned at birth male)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *Making healthy food choices half the time is excellent and will contribute to your long-time health.**TIP: Exploring your neighborhood can provide fun and unique ways to be active, enjoy nature, and*  |

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|  | SOCIAL | Yes/No | How often? | What can I do to improve? |
| 1. | Is the quality of relationships that you have what you want it to be (i.e. with friends, family, faculty, staff)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Do you have a strong sense of belonging with the community in which you live? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you have open and honest communication with your partner(s)/roommate(s)/friend(s) about your needs, wants, and boundaries within the relationship? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Do you use your strengths to help others? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | Are you connected with others who have similar values and beliefs? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *A single phone call to a friend can raise up both of your “happy meters” and increase your quality of health.**TIP: Compliments are a great way to open the door to a conversation. Offer a compliment to a classmate on their presentation or to a friend for their new outfit.* |

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|  | OCCUPATIONAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you get personal satisfaction and enrichment from your academic program? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Are you seeking out-of-class experiences to prepare for your future career (e.g. internships, volunteering, student organizations, work experience?) | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Are you using resources that can help you in professional job-seeking (e.g. PTC Career Resources, mock interviews, career fairs)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Are you actively working to balance academic/job responsibilities and life demands?  | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *Every successful person has struggled to keep motivated. Where you are now is now where you will be tomorrow.* *Tip: Remember self-rewards help to keep us motivated, so long as they are healthy rewards.* |

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|  | FINANCIAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you think carefully about whether something is a need or a want before you make a purchase?  | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Do you have a monthly budget? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you keep track of your expenses? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Do you have a solid balance between saving for the future and spending for the present? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *It’s ok to buy things just for fun or leisure. Keep in mind limiting your number of “want purchases” is the**easiest way to lower expenses and saves money. TIP:*  *It’s important to have wants in your life, but you should only splurge when you’re truly benefiting from the purchase.* |

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|  | ENVIRONMENTAL | Yes/No | How often? | What can I do to improve? |
| 1. | Are you involved at school? Clubs, events, etc.? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Are you familiar with PTC’s Health and Safety Policies? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you socialize with your classmates? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Are you making your living environment a safer and healthier place? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | Are you prepared for on-line classes and distance learning? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 6. | Are you managing distractions at home? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *Remember that you know what takes your attention away from learning the most.* *TIP: Keep track of what distracts you so you can prepare for them the next time you sit down for your classes.* |

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|  | SPIRITUAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you feel that your life has a sense of direction or meaning? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Do you have clearly defined beliefs? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you live each day in a way that is consistent with your values? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Are meditation, mindfulness practices, or prayer part of your everyday routine? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | Do you accept events and others as they are without making judgements? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *When you breathe deeply, it sends a message to your brain to calm down and relax.* *TIP: The mindful practice of taking three long, deep breaths – breathing in through your nose and out through your mouth - can decrease stress, increase calm and allows you to focus within.* |

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|  | EMOTIONAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you love and accept yourself as you are?  | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Do you use healthy coping skills (i.e. deep breathing, relaxation techniques, journaling) to proactively manage your stress? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you bring a positive attitude with you to class, work, and other commitments?  | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Do you adequately manage your emotional response when in an upsetting or challenging situation? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | When you experience emotions, can you appropriately express how you feel? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 6. | Does your mental health allow you to maintain doing your usual activities (self-care or recreation)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *Feeling happy/mad/upset/hurt are all normal emotions. Bring a positive attitude as often as you can!**Tip: When faced with a negative thought, turn it around to make it into a positive thought. For example, “I am no good at this!” could be changed to, “Maybe this is not one of my strengths, but I’ve tried my hardest, and I am skilled in many other things.”* |

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|  | INTELLECTUAL | Yes/No | How often? | What can I do to improve? |
| 1. | Do you seek personal growth by engaging in ongoing learning opportunities (i.e. college classes, certifications, reading)? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 2. | Are you willing to take on a new challenge regardless of the outcome? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 3. | Do you treat your own errors as opportunities to learn and grow? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 4. | Are you satisfied with your academic progress? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 5. | Do you stay informed about local, national, and world events? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| 6. | Do you seek on-and-off campus resources when needed? | Choose an item. | Choose an item. | Click or tap here to enter text. |
| *Trying something new even once in a while is great and can shake up your routine and really give you a fresh perspective and get you excited about the challenge. Tip: Start with little things. Baby steps are ok since it’s about creating new experiences and habits.* |