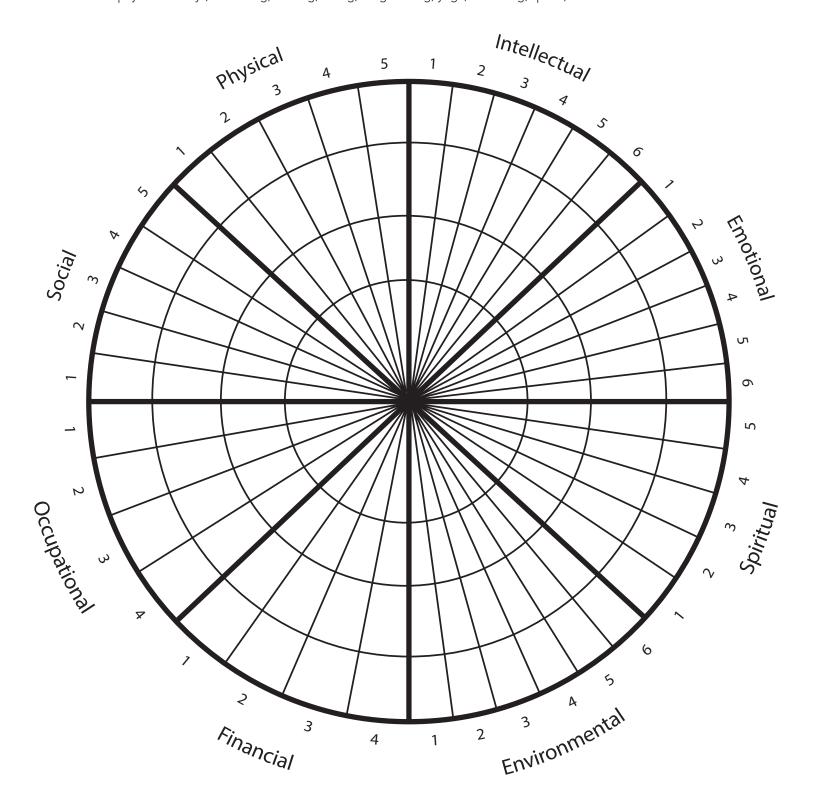
# YOUR WHEEL TO WELLNESS

How balanced is Your Wheel to Wellness? Find out by following the directions below:

- 1. Check out page 2: Your Wheel to Wellness Inventory. Each dimension of wellness is displayed with 1-6 questions each. Answer each question by matching the number of each question to the number indicated on page 1 for the dimension.
- 2. Shade in each wedge according to your answer. The smaller circles within the larger wheel represent 25%, 50%, or 75%. The wheel represents 100%. These guidelines may help you indicate how much you are practicing that aspect of wellness.

For example, shade in the "1" wedge under Physical Wellness when answering the question, "Do you engage in at least 150 minutes of physical activity (i.e. walking, running, biking, weight lifting, yoga, swimming, sports) in a week?"



# YOUR WHEEL TO WELLNESS INVENTORY

Assess your current engagement in activities related to our eight dimensions of wellness. Align one "slice" of the pie with one question. Shade the circle using different colored pencils for each dimension to create a colorful visual!



### **PHYSICAL:**

- Do you engage in at least 150 minutes of physical activity (i.e. walking, running, biking, weight lifting, yoga, swimming, sports) in a week?
- 2. Do you make food choices that honor your health & taste buds while making you feel well?
- 3. Do you receive the recommended 7-9 hours of sleep each night?
- 4. Do you receive routine physical exams (i.e. vaccinations, breast exams, testicular exams, STI testing) each
- 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)?

#### **ENVIRONMENTAL:**



- Are you involved at school? Clubs, events, etc?
- Are you familiar with PTC's Health and Safety Policies?
- Do you socialize with your classmates?
- Are you making your living environment a safer and healthier
- Are you prepared for on-line classes and distance learning? 5.
- Are you managing distractions at home?

#### **SOCIAL:**

- Is the quality of relationships that you have what you want it to be (i.e. with friends, family, faculty, staff)?
- Do you have a strong sense of belonging with the community in which you live?
- 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?
- Do you use your strengths to help others?
- Are you connected with others who have similar values and beliefs?

#### **OCCUPATIONAL:**

- 1. Do you get personal satisfaction and enrichment from your academic program?
- 2. Are you seeking out-of-class experiences to prepare for your future career (e.g. internships, volunteering, student organizations, work experience)?
- 3. Are you using resources that can help you in professional job-seeking (e.g. Career Resources, mock inter-views, career fairs)
- 4. Are you actively working to balance academic/job responsibilities and life demands?

### **SPIRITUAL:**



- Do you feel that your life has a sense of direction or meaning?
- Do you have clearly defined beliefs?
- Do you live each day in a way that is consistent with your values?
- 4. Are meditation, mindfulness practices, or prayer part of your everyday routine?
- 5. Do you accept events and others as they are without making judgements?

#### **EMOTIONAL:**



- Do you love and accept yourself as you are?
- Do you use healthy coping skills (i.e. deep breathing, relaxation techniques, journaling) to proactively manage your stress?
- 3. Do you bring a positive attitude with you to class, work, and other commitments?
- Do you adequately manage your emotional response when in an upsetting or challenging situation?
- When you experience emotions, can you appropriately express how you feel?
- Does your mental health allow you to maintain doing your usual activities (self-care or recreation)?

#### **INTELLECTUAL:**



- Do you seek personal growth by engaging in ongoing 1. Do you think carefully about whether something is a learning opportunities (i.e. college classes, certificaneed or a want before you make purchases? tions, reading)?
  - 2. Are you willing to take on a new challenge regardless of the outcome?
  - 3. Do you treat your own errors as opportunities to learn and grow?
  - Are you satisfied with your academic progress?
  - Do you stay informed about local, national, and world events?
  - Do you seek on-and-off campus resources when needed?

### **FINANCIAL:**

- Do you have a monthly budget?
- 3. Do you keep track of your expenses?
- Do you have a solid balance between saving for the future and spending for the present?

# YOUR CURRENT ENERGY

Reflect on your personal wheel to wellness. Based on what you see, in which dimensions are you investing not enough, just enough, or more than enough energy? Color in the bars below to indicate how much positive energy you have put toward each of the dimensions during the last week.

	NOT ENOUGH	JUST ENOUGH	MORE THAN ENOUGH		NOT ENOUGH	JUST ENOUGH	MORE THAN ENOUGH
PHYSICAL				ENVIRONMENTA	L		
SOCIAL				SPIRITUAL			
OCCUPATIONAL				EMOTIONAL			
FINANCIAL				INTELLECTUAL			

# YOUR IDEAL ENERGY

Create a vision for how you would ideally like to use your energy. Think about investing *less, the same, or more positive energy* into the eight dimensions of wellness in the *coming week*. Indicate your rating in the boxes below.

	LESS	NO CHANGE	MORE	_		LESS	NO CHANGE	MORE
PHYSICAL					ENVIRONMENTAL			
SOCIAL					SPIRITUAL			
OCCUPATIONAL					EMOTIONAL			
FINANCIAL	-				INTELLECTUAL	_		

# **REFLECTIONS**

Compare your actual and ideal energy habits and investments. What do you notice? What would you like to change, improve, feel, or be (if anything)? Accept your thoughts as possibilities. Write down 3-5 possibilities that come to mind that would like to discuss.