

Sample: Your Wellness Scale

Do you:	Rarely	Sometimes	Often
Participate in regular physical activity?	1	2	3
Participate in everyday leisure activities?	1	2	3
Participate in sports/activities 3-5 days/week?	1	2	3
Participate in aerobic activities 3-5 days/week?	1	2	3
Participate in muscle strength and endurance 2-4 days/week?	1	2	3
Participate in flexibility exercises 4-5 days/week?	1	2	3
Limit computer time daily	1	2	3
Choose foods from the milk group?	1	2	3
Drink more than 2 glasses/day of milk/juice?	1	2	3
Eat breakfast?	1	2	3
Limit drinking of soft drinks?	1	2	3
Eat raw vegetables?	1	2	3
Eat fruit?	1	2	3
Walks instead of drive?	1	2	3
Limit eating candy?	1	2	3
Limit use of salt in food?	1	2	3
Choose whole grain cereal or bread?	1	2	3
Maintain ideal weight?	1	2	3
Limit fried foods?	1	2	3
Limit the skipping of meals?	1	2	3
Try new sports?	1	2	3
Try new foods?	1	2	3
Drink water?	1	2	3
Eat healthy snack foods?	1	2	3
Eat a variety of protein foods?	1	2	3
Get adequate sleep?	1	2	3
Limit TV viewing each day?	1	2	3
Read food labels for nutrition content?	1	2	3
Total			Total Score:

Scoring: 80 or aboveStrong

65-79.....Accomplished

55-64.....Occasionally

below 55.....Very Limited

My level of wellness is _____, This year I will _____