



WHEEL OF HEALTH SELF-ASSESSMENT



Name _____

What brings you to integrative health and wellness coaching?

What are your biggest stressors right now?

What do you do for fun? What brings you joy?

What are three things that you consider as your greatest strengths?

What are three of your most important values?

What else would you like your health coach to know about you?



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MOVEMENT

All the movement and exercise throughout your day, including activities of daily living, aerobic exercise, strength training, and flexibility.

How would you currently rate this area? (low) 1 2 3 4 5 6 7 8 9 10 (high)

What do things look like now in this area of your health?

Do you want to make a change in this area? If so, what change would you like to make and why is this important to you?

How ready are you to make a change? N/A not ready somewhat ready very ready



NUTRITION

The foods you eat and the beverages you drink, as well as your habits and patterns of eating.

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ENVIRONMENT

The spaces and landscapes in which you live, work, and play, including things such as light, air quality, noise, and colors.

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RELATIONSHIPS

The connections to the people (and animals) that you are surrounded by, interact with, and reach out to.

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PERSONAL DEVELOPMENT

Depending on your age and stage in life, this can refer to your school work, your profession, your hobbies, your financial goals and more.

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SPIRITUALITY

This includes seeing meaning and purpose in something greater than yourself and may include religion, nature, arts, humanitarian efforts and more.

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SLEEP & REST

The amount of sleep, rest, and restoration you get daily.

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WORK LIFE BALANCE

Your personal perception of the push and pull of daily life.

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MIND & BODY

Awareness of the connection between the mind and the body and the effects they have on each other.

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What else might you add to this wheel? What other area might need your focus?