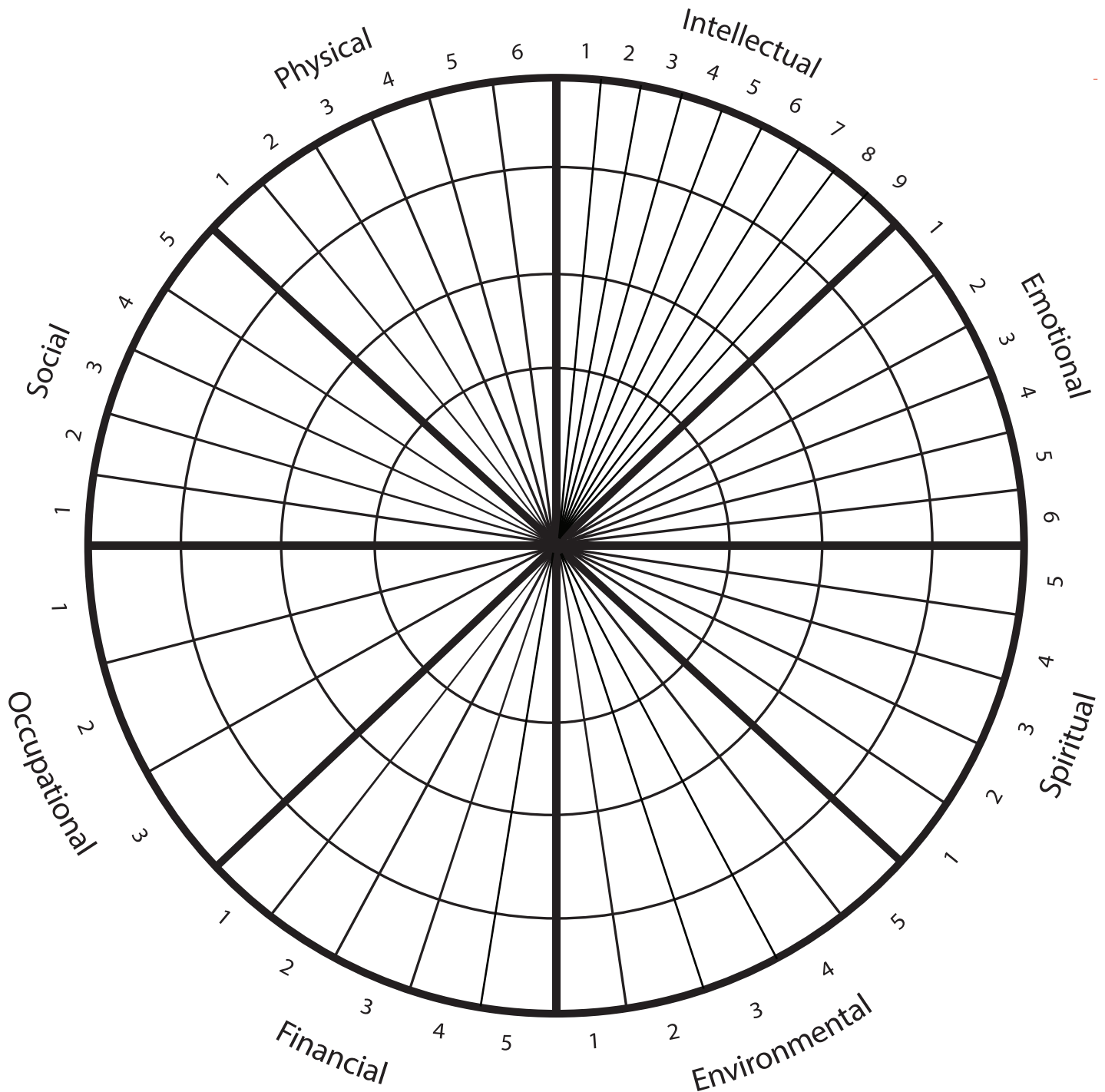


Your Wheel to Wellness

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 a certain amount of questions.
2. Answer the question and then shade in each number/wedge according to your answer.
3. The wellness wheel is made up of four rings: the innermost ring represents 25% or "never/rarely", the next ring is 50% or "sometimes", followed by 75% or "often", and then 100% or "always" representing the outermost ring.
4. Each ring is also divided into eight sections representing the eight dimensions of wellness (each dimension looks like a piece of pie). The more color within each wedge, the greater the level of well-being for that particular dimension.

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:

1. 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 year?
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)?
6. Do you use protective barriers (i.e. condoms, dental dams) when engaging in oral, vaginal, or anal sex?



SOCIAL:

1. Is the quality of relationships that you have what you want it to be (i.e. with friends, family, UNI faculty, staff)?
2. 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)/family your needs, wants, and boundaries within the relationship?
4. Do you spend time with others who have different backgrounds, beliefs, and perspectives on life?
5. Are you connected with people who provide you with what you need?



OCCUPATIONAL:

1. Are you seeking out-of-class experiences to prepare for your future career (e.g. internships, volunteering, student organizations, work experience)?
2. Are you actively working to balance academic/job responsibilities and life demands?
3. Have you explored career options related to your academic program and passions?



FINANCIAL:

1. Do you think carefully about whether something is a need or a want before you make purchases?
2. Do you manage your finances in a way that keeps track of your expenses while maintaining a budget?
3. Do you have a savings plan?
4. Do you have a solid balance between saving for the future and spending for the present?
5. Do you avoid gambling or betting (i.e. betting on sports games, buying lottery tickets, gambling at a casino, playing cards for money, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo)?



ENVIRONMENTAL:

1. Do you take time to be outdoors?
2. In each season, can you appreciate aspects of beauty in the world?
3. Do you make efforts to reduce your electronic usage (ex. turn off the lights, stop the water running, close the fridge, turn off the air, unplug unused electronics, etc)?
4. Are you making your living environment a safer and healthier place?
5. Are those sharing your living space supportive of your journey of being the best version of yourself?



SPIRITUAL:

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



EMOTIONAL:

1. Do you love and accept yourself as you are?
2. Do you use healthy coping skills (i.e. deep breathing, relaxation techniques, journaling) to proactively manage your stress?
3. Are you able to effectively manage your emotions through challenges and change?
4. Can you appropriately express a wide range of emotions such as joy, fear, anger, frustration, appreciation, sadness, etc.?
5. Does your mental health allow you to maintain doing your usual activities (self-care, hygiene, social commitments)?
6. Do you practice self-compassion? (giving yourself the same kindness and care you'd give to a good friend.)



INTELLECTUAL:

1. Do you seek personal growth by engaging in ongoing learning opportunities (i.e. college classes, certifications, conferences and 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?
4. Do you set limits on social media and internet usage?
5. Are you intentionally using strategies to avoid procrastination?
6. Do you get personal satisfaction and enrichment from your academic program?
7. Do you have an awareness of your own culture and world view?
8. Do you possess a positive attitude towards cultural differences?
9. Do you educate yourself on diverse cultural practices and worldviews?

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
PHYSICAL			
SOCIAL			
OCCUPATIONAL			
FINANCIAL			

	NOT ENOUGH	JUST ENOUGH	MORE THAN ENOUGH
ENVIRONMENTAL			
SPIRITUAL			
EMOTIONAL			
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
PHYSICAL			
SOCIAL			
OCCUPATIONAL			
FINANCIAL			

	LESS	NO CHANGE	MORE
ENVIRONMENTAL			
SPIRITUAL			
EMOTIONAL			
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.