What is Your Physical Wellness?

Do you participate in physical activities that keep you flexible and strong?

Read each statement carefully and respond honestly by using the following scoring:

Almost always = 2 points  
Sometimes/occasionally = 1 point  
Very seldom = 0 points

_____ 1. I exercise aerobically (vigorous, continuous) for 20 to 30 minutes at least three times per week.
_____ 2. I eat fruits, vegetables, and whole grains every day.
_____ 3. I avoid tobacco products.
_____ 4. I wear a seat belt while riding in and driving a car.
_____ 5. I deliberately minimize my intake of cholesterol, dietary fats, and oils.
_____ 6. I avoid drinking alcoholic beverages or I consume no more than one drink per day.
_____ 7. I get an adequate amount of sleep.
_____ 8. I have adequate coping mechanisms for dealing with stress.
_____ 9. I maintain a regular schedule of immunizations, physical and dental checkups (including Pap smears and blood pressure and cholesterol checks), and monthly self-exams of breasts or testicles.
_____ 10. I maintain a reasonable weight, avoiding extremes of overweight and underweight.

_____ Total for Physical Wellness

<table>
<thead>
<tr>
<th>SCORE</th>
<th>MEANING</th>
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<tbody>
<tr>
<td>15 to 20 Points</td>
<td>Excellent strength in this dimension.</td>
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<tr>
<td>9 to 14 Points</td>
<td>There is room for improvement. Look again at the items in which you scored 1 or 0. What changes can you make to improve your score?</td>
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<tr>
<td>0 to 8 Points</td>
<td>This dimension needs a lot of work. Look again at this dimension and challenge yourself to begin making small steps toward growth here. Remember: The goal is balanced wellness.</td>
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