YOUR WELLNESS WHEEL

Social Wellness

Emotional Wellness

Occupational Wellness

Spiritual Wellness

Financial Wellness

Intellectual Wellness

Environmental Wellness

Physical Wellness

Instructions:
1. Rank your level of satisfaction in each of the 8 wellness dimensions by shading or coloring in the area of the corresponding number in each of the 8 dimensions. This will give a quick visual of the areas in which you are thriving and the areas that could use attention.
2. Choose 1 or 2 areas that you are ready to make a change.
3. Identify your goal(s) and your strategy on the following page.
4. Bring your wheel with you to an individual Peer Wellness Coaching session and a Peer Coach will assist you in identifying

Ranking Key:
1 = I am very unsatisfied with this part of my life.
2 = I am not satisfied with this part of my life.
3 = This part of my life is pretty good but could use some improvement
4 = I am satisfied with this part of my life but I can make some minor improvements that will make it better.
5 = I am very satisfied with this part of my life and there are no improvements needed at this time.
Step 1: Identify the dimension(s) where you thrive and the dimension(s) where there are opportunities to improve.

Which section of your wheel has the most shading / color? _________________________________

Which section of your wheel has the least shading / color? _________________________________

What would you like to change?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Step 2: Set your Goal(s)

As a result of this assessment, I intend to focus on making a change by:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Making this change, now, is important to me because:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Actions I will take to make the change:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I can find support from _____________________________ to help me make this change and I will share my plan for the change with them.

I will review my progress on ____________________________ (date).