

Well-Being Assessment

What is something you are proud of regarding your health?

What motivates you to live a healthy lifestyle?

Physical Activity:

- On average, how many days a week do you perform intentional exercise?

- On average, how many total minutes of physical activity or exercise do you perform on those days? _____
- When you exercise, is it typically light, moderate, or strenuous? (check one)
 - Light (normal heart rate, normal breathing)
 - Moderate (slightly above normal heart rate, heavy breathing)
 - Strenuous (significantly above normal heart rate, very heavy breathing)



Vegetable	Serving Size
Raw leafy vegetable	1 cup
Fresh, canned, or frozen	½ cup



Fruit	Serving Size
1 medium fruit	Size of your fist
Fresh, canned, or frozen	½ cup
Dried	¼ cup

Nutrition:

- How many servings of fruit do you eat daily? _____
- How many servings of vegetables do you eat daily? _____
- How many times a day do you eat or drink sugary treats (e.g. soda, diet soda, cookies, candy)? _____

Stress:

Do you feel like you manage your stress well? YES NO

Sleep:

- How many hours, on average, do you get of sleep each night? _____
- On a scale of 1-5 how restful is the sleep you get? (circle your answer)

Not restful

1

2

3

4

5

Very Restful

Next Steps:

What is one small step you would like to take to improve your health today?
