
Wellness Self-Assessment Packet



Name: _____

Date: _____

Wellness Aspects Assessment

Area of Life	1	2	3	4	5	6	7	8	9	10
Physical										
Emotional										
Spiritual										
Social										
Environmental										
Occupational										
Intellectual										
Financial										

Place an **X** in the rating box next to each area of your life

Please mark the boxes by Rating: 1 = Lowest to 10 = Highest

Please note: There are no "right" or "wrong" answers

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P.O. Box 387, Billerica, MA 01821

(833) 444-4QWC



Wellness Aspects Assessment

The area I am best at is: _____

Why is this my best area?

1.

2.

3.

What can I take from this to use in other life areas?

1.

2.

3.

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Wellness Aspects Assessment

The area I am weakest at is: _____

Why is this my weakest area?

1.

2.

3.

Greatest Barrier: _____

What 3 steps can I take to improve this area?

1.

2.

3.

Today's Step: _____

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Self-Care Plan

What are 5 things I can do for myself for self-care?

- 1.
- 2.
- 3.
- 4.
- 5.

My greatest barrier(s) to doing the items on this list:

How can I minimize/remove the barriers?

- 1.
- 2.
- 3.

Today's Step(s):

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Notes

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