Wheel of Total Wellness

There are many factors in my life which contribute to my overall health. What areas of my life are affecting my health the most? Answer the following questions by filling out the wheel on the next page. Let’s see where I rank in the following categories.

**Vegetables** – At most meals do I fill half my plate with non-starchy vegetables?

**Protein** – Am I filling a quarter of my plate with protein three times a day?

**Carbohydrates** – Do I limit myself to only eating 45 grams of carbohydrates at each meal?

**Beverages** – Am I drinking mostly water or milk? Do I avoid sugary drinks?

**Medical compliance** – Do I take all of my medication as prescribed? Do I see my doctor regularly?

**Stress** – How well do I manage the stress in my life? Do I have relaxation time? Do I worry about my future? How much support do I have from friends and family?

**Pleasure** – Do I allow myself to experience the joy of living? Do I celebrate small victories? Do I say nice things to myself?

**Sleep** – Am I getting at least 7-9 hours of sleep each night? Do I feel well rested when I wake up in the morning?

**Lifestyle activity** – Throughout the day do I make active choices like walking while on the phone, parking further away, or taking up a low-intensity sport?

**Physical activity** – Am I making time each day to be physically active? Do I get my heart rate and breathing up for at least 30 minutes a day 5 times a week?
Fill in a bubble from 1 (not doing well) to 10 (do it all the time), on where I rank in each area of my overall health?

What are my three lowest scoring areas?

________________________________________________________ 

________________________________________________________________

Of these areas, what do I want to work on first?

________________________________________________________
Work on improving one area at a time.

Why am I low in this area?

___________________________________________________

___________________________________________________

How can I improve this?

___________________________________________________

___________________________________________________

Come up with a goal to try:

Starting ________________________, for _______________________,

(date) (length of time)

I will _____________________________ on

(action plan)

______________________________ and measure my

(specific time)

progress by _____________________________.

(how will I track it)

My plan is adjustable if needed by _____________________________.

If I accomplish this goal, I will reward myself with ________________.

What do I need to change in my life to make sure I accomplish this goal?

___________________________________________________

___________________________________________________

I cannot change unless I am aware of my problems. Becoming aware of my internal self-talk and why I am eating, can have a major impact on my health, wellness and waist-line.