

Planning For Your Wellness

IF ZERO REPRESENTS AN ABSENCE OF CHALLENGES,

How do you feel about your health today?



-5 I have serious concerns about my overall health.

-4 I feel worried about my health.

-3 I have constant concerns that affect my health.

-2 I have health challenges that affect me on a daily basis.

-1 I have some minor complaints about my health.

0 I feel okay about my health with no complaints.

+1 I feel good most days.

+2 I feel well on a daily basis.

+3 I feel energetic and healthy.

+4 I feel active, energetic and fit.

+5 I feel great and am proactive about my health.

Where would you like your health to be?