

## RM 4–MH: Wellness Inventory\*

### Instructions

Below is list of health and wellness indicators that describe how people feel and behave. The regular use of this inventory will increase your self-awareness. Additionally, it will provide a record for you to track such indicators in yourself.

Name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_

Rate how much these indicators described you today.		Very	Fairly	Hardly	None
1.	How oriented or clear-headed did you feel today?				
2.	How rested did you feel when you woke up this morning?				
3.	How energetic, ready to go did you feel today?				
4.	How strong did you feel today?				
5.	How well were you able to meet challenges in your life today?				
6.	How happy did you feel today?				
7.	How well were you able to maintain your sense of humour today?				
8.	How prone were you to "lose it," or experience rage attacks or explosive outbursts, today?				
9.	How interesting were you to be with today?				
10.	How stressful was your day?				
11.	How well were you able to manage stresses in your life today?				
12.	How well were you able to fulfill your responsibilities today?				
13.	How well did you get along with teachers today?				
14.	How much did you enjoy your family life today?				
15.	How well did you get along with your friend(s) today?				
16.	How confident did you feel today?				
17.	How good did you feel about your body today?				
18.	How well were you able to stay on task today?				
19.	Did you have bothersome health symptoms today?				
20.	Did you feel susceptible to illness today?				

\*Source: Brain Injury Resource Center <<http://www.headinjury.com>>. Adapted with permission.

*Continued*

### RM 4–MH: Wellness Inventory *(Continued)*

<b>Assess your wellness further by responding to the following questions.</b>		
21.	What was most stressful to you today?	
22.	What did you do about it?	
23.	Did your action make it better, make it worse, or make no difference?	
24.	What was the most restful to you today?	
25.	How much time did you take for yourself today?	
26.	How did it make your day better or worse?	
27.	What did you have to celebrate today?	
28.	For what did you have to be thankful today?	
29.	Did you have any trouble with your appetite today?	
30.	Did you start your day with a nutritious breakfast?	
31.	How many meals did you eat today?	
32.	Was that normal for you? (Refer to #31.)	
33.	Were the meals well balanced?	
34.	How often did you snack today?	
35.	Were they healthy snacks?	
36.	How much water did you drink today?	
37.	How many servings of caffeine drinks (e.g., coffee, tea, soda) did you have today?	
38.	Did you take any medication or drugs today?	

*Continued*

**RM 4–MH: Wellness Inventory (Continued)**

39. How many (total) minutes of each type of activity did you have today?

Type of Activity	Minutes
Light	
Moderate	
Vigorous	
Strength/Resistance Training	
Other:	

40. How did your physical activity change today compared with yesterday?

<input type="checkbox"/> Increased Activity	<input type="checkbox"/> Cut Down Activity	<input type="checkbox"/> No Change in Activity
<input type="checkbox"/> Stayed in Bed	<input type="checkbox"/> Stayed Home and Inside	<input type="checkbox"/> Other:

41. I went to sleep at \_\_\_\_\_ a.m./p.m. I woke up at \_\_\_\_\_ a.m./p.m. (Last time woke up)