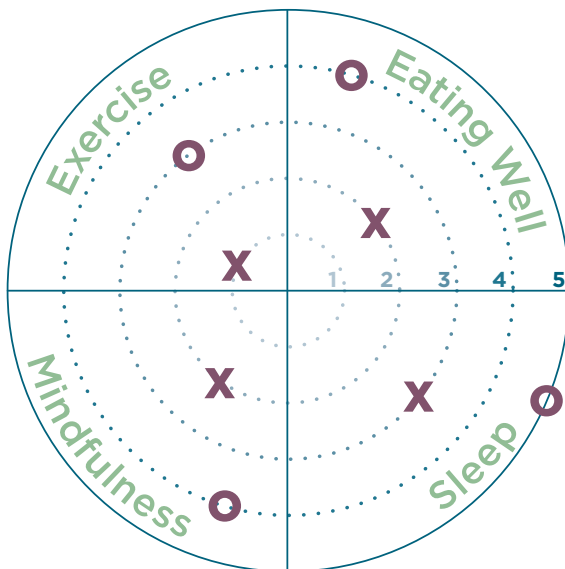


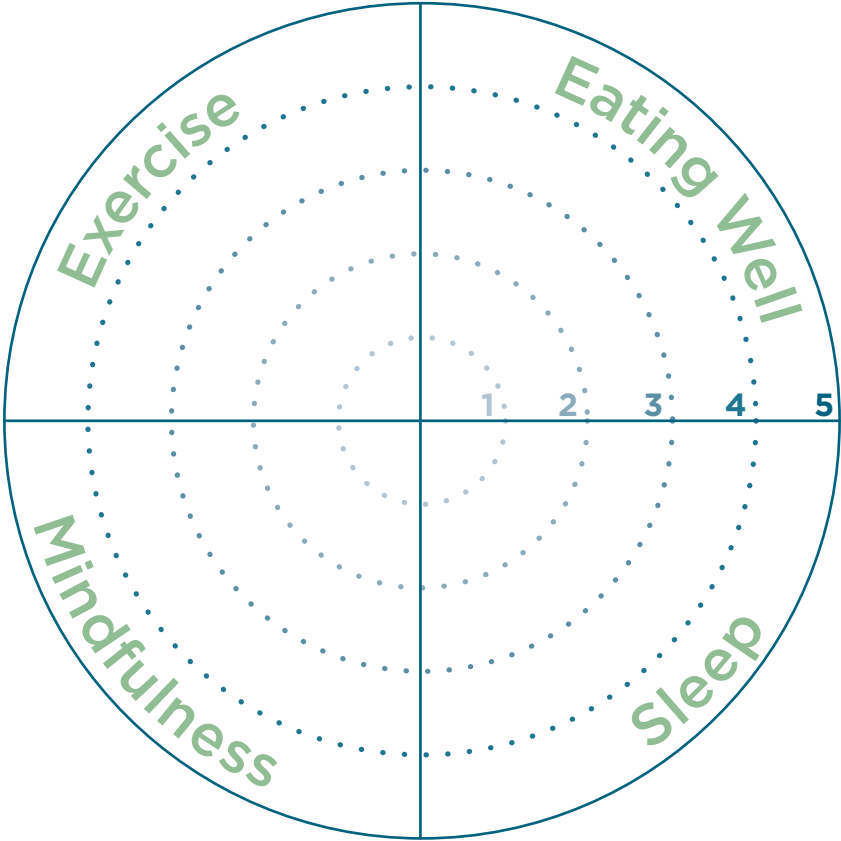
## THE WHEEL OF HEALTH ASSESSMENT

The Wheel of Health is an assessment tool you can use to determine the areas of your life that are in or out of balance. It helps you better understand which part of your life might need more attention. For simplicity, we use 1 wheel instead of 4 wheels to mark our progress. The Wheel, shown here, has 5 levels (with level 1 indicating dissatisfaction/needs improvement in that area and level 5 indicating satisfaction with your health in that area). In each quadrant, draw an “X” or a star where you score yourself on a level of 1 to 5.

I recommend setting goals for yourself on how to improve and maintain each quadrant of your health. Use an “O” to mark where you want to be on the Wheel. Ask yourself what small habits you can change along the way, or what type of support you may need to achieve your goal. You can repeat this exercise in a few months time and see if you have improved upon your initial rank. Initially, the exercise might show that you require big improvements, for example, in the areas of Exercise and Mindfulness. Ultimately, you want to have the 4 parts of the Wheel all balanced in the upper 5th level.



**Rank Your Wheel of Health**



**EATING WELL**

SUPPLEMENTS: Probiotics, Vitamin D, multivitamin

BREAKFAST: Shake (spinach, blueberries, protein)

LUNCH: Large salad, rice, sweet potato

DINNER: Quinoa burger (2), salad

SNACKS: Almond butter fudge ALCOHOL: None

**EXERCISE**

ACTIVITY: Cycling INTENSITY: Hard

TIME: 2 hrs 15 minutes DISTANCE: 58 km

DESCRIPTION: Did Rosseau Loop, went hard, felt good

**SLEEP**

HOURS: 7.5 hours QUALITY: Good

**MINDFULNESS**

STRESS REDUCTION: Deep-breathing exercises

**REFLECTION**

HOW DID YOU DO?

AMAZING

SATISFACTORY

UNSATISFACTORY

GOALS FOR TOMORROW: Cut down coffee to 2 cups,

8 hours sleep

The Wheels of Health Daily Log      DATE: / /

## **EATING WELL**

SUPPLEMENTS: \_\_\_\_\_

BREAKFAST: \_\_\_\_\_

LUNCH: \_\_\_\_\_

DINNER: \_\_\_\_\_

SNACKS: \_\_\_\_\_ ALCOHOL: \_\_\_\_\_

## **EXERCISE**

ACTIVITY: \_\_\_\_\_ INTENSITY: \_\_\_\_\_

TIME: \_\_\_\_\_ DISTANCE: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **SLEEP**

HOURS: \_\_\_\_\_ QUALITY: \_\_\_\_\_

## **MINDFULNESS**

STRESS REDUCTION: \_\_\_\_\_

## **REFLECTION**

HOW DID YOU DO?

AMAZING

SATISFACTORY

UNSATISFACTORY

GOALS FOR TOMORROW: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_