

HEALTH & WELLNESS ASSESSMENT

For each area on the Emory Health & Wellness Compass, please consider your level of satisfaction with each and rate 1 (LOW) - 10 (HIGH)

Food/Nutrition

What you eat and how you eat (e.g., on the go, sitting down, etc.)

1 2 3 4 5 6 7 8 9 10

Physical Activity & Relaxation

Regular physical activity balanced with rest and relaxation.

1 2 3 4 5 6 7 8 9 10

Mindful Awareness

Awareness of the present moment - at home, at work, among friends and family.

1 2 3 4 5 6 7 8 9 10

Relationships

Communicating effectively with friends, family and colleagues

1 2 3 4 5 6 7 8 9 10

Physical Environment

Spaces where you live and work; your neighborhood and nature. Do they inspire?

1 2 3 4 5 6 7 8 9 10

Meaningful Work

Work both inside and outside of the home, paid and volunteer.

1 2 3 4 5 6 7 8 9 10

Conventional Care

Access to health care services; following through with treatment plans.

1 2 3 4 5 6 7 8 9 10

Complementary Care

Access to and utilization of services (e.g., massage, yoga, acupuncture, etc.)

1 2 3 4 5 6 7 8 9 10

your personal compass



Circle your top FIVE values

Adventure	Freedom	Independence	Security
Balance	Fulfilment	Integrity	Self-expression
Confidence	Forgiveness	Kindness	Self-reliance
Control	Fun	Knowledge	Service
Creativity	God	Love	Spirituality
Discipline	Growth	Lifestyle	Strength
Education	Happiness	Marriage	Success
Faith	Health	Peace of mind	Truth
Family	Hope	Power	Unity
Financial Security	Honesty	Progress	Wealth
Friends	Humor	Respect	Wisdom

Why are these values important to you?

Describe a version of your BEST SELF that brings these values to life.

*What do you look and feel like? What activities do you enjoy?
What healthful habits do you have in place? What is in place that makes you feel
most like YOU? What inspires you?*