

## What it is

A self-assessment of the current state of one's self-care and wellness:  
mind, body & spirit.

## What it can do

This tool can help you to:

- o Support people (and yourself) in taking better self-care
- o Identify habits, behavior, mindsets and unmet needs that may be contributing to less than optimal wellness
- o Determine where changes might be most beneficial

## How it works

- o Read the instructions and answer the questions on the survey that follows.
- o Filling out the survey is a solo task, though it can also be administered to groups of people simultaneously
- o Completing the survey should be followed up by either self-reflection or coaching to make maximum positive use of the information.

## Follow up questions might include:

- 1) As you review your results, what do you feel good about? Where do you feel pleased about the state of our wellness? Where are you seeing improvement?
- 2) Where are areas of less than optimal wellness or habits?
- 3) Of these, what do you most feel committed to changing?
- 4) What would it be like if you were successful in making the positive changes in each of these areas?

In order to successfully make changes in behavior, see: *Personal Change Plan*

Our ability to perform well in achieving our work and personal goals is highly dependent on our ability to sustain and manage our energy over time. Our energy and wellness are products of:

- the health and vitality of our physical body
- the state of our emotions and fulfillment of our needs for relationship, community and love (heart)
- meeting our needs for purpose, meaning and spiritual connection (spirit)

Make sure to read the health tips and research that introduce each section.

The following is a self-survey to help you assess the current state of your body, heart and spirit. Most of us have tendencies towards denial and self-deception when it comes to our needs. Be scrupulously honest with yourself in answering these questions. You have free choice over what to do with this data, but at least begin with an honest appraisal of what's so.

## Part 1: Body

### Section 1 – Sleep:

#### Awaken to these facts:

- Less than optimal sleep has a significant impact on strength, cardiovascular capacity, mood, and energy levels.
- Over 50 studies conclusively show that mental performance – reaction time, concentration, memory, analytic reasoning, and executive judgment – all decline in proportion to lack of sufficient sleep.
- Mortality rates climb rapidly for those sleeping considerably less or more than 7-8 hours per night.
- While sleep needs vary among individuals, almost all people need 7 to 8 hours per night to function optimally.
- Naps of less than 30 minutes at a time (before we go into REM sleep) can compensate to some degree for less sleep during the night.

**Step 1** Answer the following questions honestly:

- 1) **Based on your experience, what is the optimal number of hours per night of sleep for you to maintain good energy and wellbeing?**
  
- 2) **How many nights per week, on average, do you sleep this long?**

**Step 2** Rate your responses to the items that follow using a scale of 1-7, from “almost never” to “almost always” as indicated:

**3) I have difficulty falling asleep.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**4) I have difficulty getting myself back to sleep if I awaken during the night.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**5) I need an alarm clock to wake up at the needed time.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**6) I wake up feeling groggy and like I didn't sleep enough.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**7) I have bloodshot eyes or discoloration and/or bags under my eyes in the morning.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**8) I have difficulty staying awake or find myself nodding off during the work day.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**9) When I get tired during the day, I override my fatigue rather than taking a nap.**

NEVER							ALWAYS
1	2	3	4	5	6		7

High scores on more than one or two of these questions indicate that you are having sleeping problems that may be impacting your overall wellness and work.

What do you see as you look at your scores in this section?

**Part 1: Body**

**Section 2 – Diet:**

**Digest these facts:**

- Much of your daily energy levels, emotional moods, and mental focus are determined by what and when you eat.
- Many major health problems such as heart disease and diabetes are directly related to diet and/or obesity.
- Diet is the only major determinant of health that is completely within your control.
- Primary factors include what you eat, how much you eat, and when you eat.
- Water intake is a frequently overlooked significant component of energy and health.
- Inadequate hydration causes significant loss of muscle strength, coordination and concentration.
- By the time you experience thirst, you are already dehydrated.

**Step 1** Answer the following question honestly:

- 1) **My weight and body fat are within the recommended range for a person of my height and age. (Check one)**  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**Step 2** Rate your responses to the items that follow using a scale of 1-7, from “almost never” to “almost always” as indicated:

- 2) **I jump-start my day with high energy, low-glycemic foods such as whole grains, proteins, and fruits such as strawberries, pears, grapefruit and apples.**  
 NEVER 1 2 3 4 5 6 ALWAYS 7
- 3) **I sustain my energy by eating energy-rich foods before either acute hunger or energy lags occur.**  
 NEVER 1 2 3 4 5 6 ALWAYS 7
- 4) **I eat at least 7-9 servings of fruits or vegetables per day.**  
 NEVER 1 2 3 4 5 6 ALWAYS 7
- 5) **I eat lots of high fiber foods such as whole grains, beans and raw fruits & vegetables.**  
 NEVER 1 2 3 4 5 6 ALWAYS 7

**6) I limit the amounts of high saturated fat foods that I consume.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**7) I limit the amounts of foods that I consume containing refined sugar and refined carbohydrates (white bread, chips, crackers, etc.).**

NEVER							ALWAYS
1	2	3	4	5	6		7

**8) I consciously choose foods according to their positive impact on my body and energy.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**9) I eat on a schedule that best supports my health and energy.**

NEVER							ALWAYS
1	2	3	4	5	6		7

Low scores on more than two of these questions are cause for you to seriously examine your diet and eating habits.

What do you see as you look at your scores in this section?

## Part 1: Body

### Section 3 – Addictive substances:

Be especially careful of denial in this section!

#### Cigarettes

- Nicotine is one the most addictive drugs existing – as much or more so more than heroin and cocaine.
- Smoking is the single most preventable cause of illness and death.

If you smoke, you are killing yourself (and possibly those you love through second-hand smoke).

***Answer the following questions honestly:***

1) Do you smoke? (Check one) YES \_\_\_\_\_ NO \_\_\_\_\_

2) How many cigarettes per day? \_\_\_\_\_

3) What are your plans for stopping?

**Caffeine**

- While a cup of coffee or tea can be a delightful ritual and gustatory delight, in our stressful lives many of us begin using caffeine as a drug to help manage our energy.
- Caffeine abuse takes a toll on our nervous systems and gastrointestinal system, causing headaches, irritability and agitation, insomnia, circulatory irregularities, and gastrointestinal and urinary tract problems.
- You are considered physically dependent on caffeine if you consume more than 300 mg per day. Consider:
  - o Coffee                    100-150 mg
  - o Mountain Dew       55 mg
  - o Coca-Cola            45 mg
  - o Black tea              30-70 mg
- Caffeine is metabolized very slowly. Insomnia is a common side-effect of caffeine over-use. One-half the caffeine in a late afternoon cup of coffee is still circulating in your bloodstream 6 hours later when you are trying to wind down from the day, and one-fourth is still present 12 hours later.
- Caffeine withdrawal symptoms include fatigue, headache, nausea and various psychological symptoms. Withdrawal symptoms usually peak 20 to 48 hours after abstinence, and continue for about a week.

***Rate your responses to the items that follow using a scale of 1-7 , from “almost never” to “almost always” as indicated:***

**1) I depend on caffeine to manage my daily energy cycle.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**2) I consume more than 3 cups of coffee per day.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**3) I notice caffeine increasing my irritability or agitation.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**4) I believe the amount of caffeine I consume has a negative effect on my mind and body.**

NEVER							ALWAYS
1	2	3	4	5	6		7

## Alcohol/recreational drugs

Many of us abuse alcohol or drugs in ways that, over time, damage our energy, health, productivity and relationships. Most abusers are also in varying states of denial. Here are classic warning signs that you are abusing alcohol or recreational drugs:

<b><i>Answer the following questions honestly by checking the appropriate box:</i></b>	NO	YES
1. Do you use alcohol/drugs to manage your emotions or energy?		
2. When you have trouble or feel under pressure, do you drink/use more heavily?		
3. Do you drink/use when others will not know it (i.e. do you conceal your drinking/drug use in any way from friends/family)?		
4. Are there activities that you are concerned you will not enjoy without drinks/drugs?		
5. Do you ever have memory lapses about what happened while you were drinking or high?		
6. Have you failed to keep promises you have made about cutting down on your drinking or usage?		
7. Do you sometimes feel guilty about drinking or using?		
8. Are family or friends concerned about the amount you drink or use?		
9. When you are sober, do you regret things you have done or said while drinking or high?		
10. Are there times when you feel uncomfortable if alcohol or drugs are not available?		
11. Do you use recreational drugs that are known to be highly destructive to your body (cocaine, heroin, pcp, meth, etc.)		

- **If you answered "yes" to any of these questions, you may be engaged in alcohol or drug abuse.**
- **If you answered "yes" to more than a few questions, you may be an addict.**
- **What do you think about your use of these substances and their impact on your life?**
- **Substance abuse and addiction are unfortunately not infrequent among activists.**
- **If you have concerns after answering the questions in this section, reach out for help to friends and professionals.**

## Part 1: Body

### Section 4 – Exercise:

#### Some statistics regarding exercise & performance:

- There is a 47.5% reduction in absenteeism for participants in corporate fitness programs, including 14% fewer disability days.
- Physically fit workers commit 27% fewer errors on tasks involving concentration and short-term memory as compared to unfit workers.
- Executives who worked out regularly over a 9-month period showed a 70% improvement in their ability to make complex decisions as compared with non-exercisers.
- 47% of participants in fitness programs were shown to be more alert, enjoyed work more, and had better rapport with co-workers.
- Corporations consistently report between \$3-\$6 return for every \$1 invested in corporate fitness programs.
- Recent studies show that those who exercise regularly have a biological age of up to 9 years younger than those who don't, as well as lower rates of heart disease, diabetes and cancer.
- Exercise will make you feel better and very possibly live longer!

#### Step 1 Answer the following questions honestly:

- 1) I do a minimum of 20-30 minutes of continuous exercise, 3-5 days a week, at 60-85% of my maximum heart rate. (Check one)

YES \_\_\_\_\_ NO \_\_\_\_\_

- 2) I do some of kind of strengthening exercise 2-3 days per week (weights, yoga, Pilates). (Check one)

YES \_\_\_\_\_ NO \_\_\_\_\_

#### Step 2 Rate your responses to the items that follow using a scale of 1-7 , from “almost never” to “almost always” as indicated:

- 3) My body feels flexible and free of stiffness or achiness.

NEVER 1 2 3 4 5 6 ALWAYS 7

- 4) I give my body the optimal exercise it needs for me to feel good, energetic, and strong.

NEVER 1 2 3 4 5 6 ALWAYS 7

- 5) I have a positive relationship to exercise.

NEVER 1 2 3 4 5 6 ALWAYS 7

Your body is the only place you have to live.

Low scores are a sign that your body is not receiving proper care.

If we don't change the oil and take care of the basic needs of our car, breakdowns will inevitably happen. We can't afford to look at exercise as a luxury that we do if we have time.

What do you see when you look at the results of this section?

**Part 1: Body**

**Section 5 – General health:**

Rate your responses to the items that follow using a scale of 1-7 , from “almost never” to “almost always” as indicated:

- 1) I appropriately attend to (rather than ignore or override) symptoms or signs that my body may be unwell, including seeking help from health care providers.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 2) I care attentively to any unique conditions or health needs of my body.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 3) I have a general attitude of honoring and caring for my body.**

NEVER							ALWAYS
1	2	3	4	5	6		7

Caring for our body is an investment in both our own happiness, health and a lifetime of work in social change.

## Part 2: Emotional life

Rate your responses to the items that follow using a scale of 1-7 as indicated:

- 1) I feel tense, anxious, or stressed (note: the scale is reversed for this item).**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 2) I experience moods of depression, loss of interest, or energy for my life. (note: the scale is reversed for this item).**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 3) I have moods of annoyance, irritability, or anger. (note: the scale is reversed for this item).**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 4) I am in touch with my feelings, and recognize how they affect me, my relationships and my performance.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 5) I understand my emotional needs and know how to appropriately meet them.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 6) I skillfully manage potentially disturbing emotions so that they do not adversely affect others or my leadership.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 7) I feel satisfied with the quantity and quality of time I share with family and friends.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 8) I ask (appropriately) for support and help from others.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

- 9) I get positive feedback from the people in my life (work and home) that they experience me as being present, attentive and connected with them.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 10) I feel satisfied with the amount and quality of love in my life.**

NEVER							ALWAYS
1	2	3	4	5	6		7

It is hard to over-estimate the impact of our emotional life on our personal relationships and our performance as leaders. Low scores in this section should become the basis for thoughtful and committed personal development work.

What do you see as you review this section?

### Part 3: Spirit

Rate your responses to the items that follow using a scale of 1-7, from “almost never” to “almost always” as indicated:

- 1) I feel a deep sense of purpose and meaning about my life.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 2) I invest in activities that nurture and renew my connection to purpose.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 3) I feel connected to something larger than myself.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 4) I wake up in the morning ready to meet life with positive energy.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 5) I inspire those around me with my sense of purpose and positive energy.**

NEVER							ALWAYS
1	2	3	4	5	6		7

- 6) My inner life and resources allow me to meet change and adversity with equanimity.**

NEVER							ALWAYS
1	2	3	4	5	6		7

**7) I have deeply-held values that guide my everyday decisions.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

**8) My everyday behavior is in harmony with my deeply-held values.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

**9) I end my days with a feeling of satisfaction.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

**10) I look back at the last year of my life, and feel a deep sense of satisfaction at the legacy I am leaving behind.**

NEVER							ALWAYS
1	2	3	4	5	6	7	

Low scores in this section mean that you should be paying serious attention to your inner life. You may need time to deeply reflect on:

What gives your life meaning?

What makes life worth living?

What do you truly care about?

Is change needed?

What do you see as you review this section?