



Physical wellness involves taking steps to find healthy habits that can support overall wellness. Wellness in this area focuses on nutrition, exercise, and sleep.

## Physical Wellness Assessment

On a scale of 1 to 10, how much do you AGREE or DISAGREE with these statements?

**1 = Strongly AGREE**      **10 = Strongly DISAGREE**

1. I regularly practice a **PHYSICAL ACTIVITY**.

1 2 3 4 5 6 7 8 9 10

2. I have identified **MOVEMENT** that feels good in my body.

1 2 3 4 5 6 7 8 9 10

3. I eat **FOOD** that nourishes me and makes me feel good.

1 2 3 4 5 6 7 8 9 10

4. I limit the amount of **CAFFEINE** I consume.

1 2 3 4 5 6 7 8 9 10

5. I moderate the amount of **ALCOHOL OR SUBSTANCES** I use.

1 2 3 4 5 6 7 8 9 10

6. I have a good **SLEEP ROUTINE** and maintain good sleep hygiene.

1 2 3 4 5 6 7 8 9 10

7. I regularly attend **DOCTOR APPOINTMENTS**.

1 2 3 4 5 6 7 8 9 10

8. I take my **MEDICATIONS** as prescribed.

1 2 3 4 5 6 7 8 9 10



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## Reflecting on Physical Wellness

Answer the following questions to help you reflect further on your own physical wellness.

1. I generally **SLEEP** for  hours a night.

*How do you feel about your sleep habits?*

*Is there a way you believe your sleep affects your mood?*

2. I generally do **PHYSICAL ACTIVITY**  days a week.

*How do you feel about your current level of physical activity?*

*Is there a way you think physical activity affects your mood?*

3. Write about your use of **ALCOHOL OR SUBSTANCES**.  
*Is this an area you would like to change in any way?*

4. Write about your relationship with **FOOD**. Do you know what foods feel best for you to eat? How does food impact your mood?

5. Write about your relationship with your **HEALTH CARE PROVIDERS**. Do you have the information and support you need from them?



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## JOURNAL PROMPTS

Use the following questions as prompts for further exploration. Write your thoughts in a journal.

1. Think about a time when you felt great physically. What made you feel good?
2. What is your relationship with exercise? Is there a type of movement you enjoy that you can integrate into your lifestyle if you haven't already done so?
3. How is your sleep hygiene? Do symptoms of depression or bipolar ever interfere with your sleep? What conditions provide you the best rest?
4. What foods would you like to eat more of? Less of? Discuss what foods feel good to eat.
5. Describe any health challenges that you have had. How have you coped with those challenges?
6. What do you need to do going forward to minimize your health challenges?
7. Write a love letter to your body.
8. Write down a list of things you can do to reduce stress.
9. Write out your favorite recipes. (*Pro tip: Categorize them from easiest to hardest. Sometimes when you're not feeling your best, cooking can be hard, so put your favorites at the top!*)

***Visit the DBSA website for strategies and tips for boosting wellness in all 7 areas of the Wellness Wheel.***

**DBSAlliance.org/WellnessWheel**

