

**Assessment of Wellness**

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Introduction:** This assessment is a *tool* designed to help you gauge your mental health and decide whether counseling might be beneficial for you.

Please note this is a *tool* and not a diagnostic measure.

	Wellness area	Strongly Agree 5	Agree 4	Unsure 3	Disagree 2	Strongly Disagree 1
1	I take care of myself (mentally, emotionally, physically) when I am faced with problems or am under a lot of pressure.					
2	I get an average of 7-9 hours of sleep nightly and feel rested when I wake up.					
3	I can manage my stress effectively. I know what to do and how to do it when it comes to stress management.					
4	I have (or might have) invisible wounds from my experiences as a military service member (or being a family member).					
5	I have accomplishments in my life that I am proud of and know what my strengths are.					
6	I sometimes isolate myself from others.					
7	I like who I am and how I behave for the most part					
8	I have healthy hobbies/activities that I do regularly.					
9	I sometimes feel I cannot be fully honest with others regarding internal struggles I might have.					
10	I have strong connections with my family members.					
11	I have strong connections with friends.					
12	There are people I love and who love me.					
13	I sometimes feel alone even when I am surrounded by people.					
14	I experience nightmares/terrors on a regular basis.					
15	My thoughts help me and are a good guide when I work through a problem.					
16	I am able to display a range of emotions and I can control them when it is important to do so.					
17	I laugh regularly and can find the humor in many situations I face.					
18	I am struggling to feel that I am worthy and important.					

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		Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
	Wellness area	5	4	3	2	1
19	I eat healthy food and try to drink water throughout the day.					
20	I exercise at least 30 minutes, 5 days a week.					
21	I sometimes feel unexplained pain in parts of my body.					
22	I enjoy my work/schooling/daily activities and have a strong sense of purpose.					
23	I sometimes struggle to manage my emotions the way I want to (for example: anger/impulsiveness).					
24	My spirituality/faith/religion provides me with hope and peace of mind.					
25	I can make positive things happen in my life.					

**Instructions to score your results:**

For the following questions (4, 6, 9, 13, 14, 18, 21, 23) reverse the score. For example, if I scored a 5 on question #4, I would change that score to a 1 (e.g. 5 to a 1, 4 to a 2, 3 remains the same, 2 to a 4, 1 to a 5). If you need assistance scoring this assessment, please don't hesitate to contact 719.309.4773.

After you have reverse the above scores, add up all of your scores to equate your **final score**.

**91-125** = It appears you have strong supports, coping skills, and high overall wellbeing. However, if you feel that you would like to strengthen yourself in any of the areas on this assessment please don't hesitate to reach out for help.

**71-90** = It appears you have strengths in many areas, though some areas might be causing you struggle. Mental Health services could increase your overall wellbeing, create additional coping skills, and address areas that are causing you concern.

**25-70** = It appears you have some areas of strength, however you might be struggling with some behaviors, thoughts, or methods of coping that are concerning you. You are not alone! Mental Health services could be a way for you to reduce your struggles and maximize your strengths!

**Please feel free to contact the Behavioral Health Services at Mt. Carmel if you have questions, concerns, or to set up an appointment 719.309.4714. Your mental health is crucial to your overall wellbeing and satisfaction in life!**