WHOLE PERSON HEALTH SELF-ASSESSMENT

Name:

Date:

Whole Person Health Index (WPHI)

Rate on a scale of 1-5 (1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)

#	Question	Rating
1.	Would you say your health in general is excellent, very good, good, fair, or poor?	Select Rating
2.	How would you rate your quality of life, focusing on what matters most to you?	Select Rating
3.	How would you rate your social and family connections?	Select Rating
4.	In general, how healthy is your overall diet?	Select Rating
5.	How would you rate your physical activity, compared with people in your age group?	Select Rating
6.	How would you rate your ability to manage stress?	Select Rating
7.	How would you rate your sleep?	Select Rating
8.	How would you rate your ability to find meaning and purpose in your daily life?	Select Rating
9.	How would you rate your ability to manage your health, focusing on aspects of your health that matter most to you?	Select Rating

(auto-calculated; recalculates as you rate each item above)

Total WPHI Score:

Source: Whole Person Health Index (WPHI) wording reproduced verbatim from the National Center for Complementary and Integrative Health (NCCIH), "The Whole Person Health Index: A New Tool for Human Mechanistic and Clinical Studies."
https://www.nccih.nih.gov/research/resources/the-whole-person-health-index-a-new-tool-for-human-mechanistic-and-clinical-studies

1. What matters most to you right now, and what values guide you?

2. What are three strengths or qualities you appreciate in yourself?

1.

2.

3.

3. What things (activities, behaviors, people, etc) help support, restore, or replenish your wellbeing?

4. What feels most stressful or in need of attention right now?

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Use the space below for self-reflection. There are no "right" or "wrong" answers.

QUALITY OF LIFE

Your general sense of wellbeing and life satisfaction, including your physical, mental, and emotional comfort, and your ability to engage with and enjoy what matters to you most.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

SOCIAL & FAMILY CONNECTIONS

Your relationships, including communities, individuals, animals.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

DIET

Your overall nutrition, including foods and beverages consumed and patterns of eating.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

PHYSICAL ACTIVITY

Your daily movement, including all physical activities, aerobic exercise, strength, and flexibility training.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

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Use the space below for self-reflection. There are no "right" or "wrong" answers.

STRESS MANAGEMENT

Your ability to manage stress from daily life, including personal and professional responsibilities, caregiving, financial wellbeing, digital health, and more.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

SLEEP

The quality and quantity of your daily sleep and rest, including restorative activities.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

MEANING & PURPOSE

Pursuits and activities that provide meaning and purpose in your life, which may include spirituality, time in nature, intellectual or professional activities, hobbies, creative endeavors, sense of identity, and more depending on your personal values.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

ENVIRONMENT

The impact you feel from the natural and built spaces in which you live, work, and play, including impacts from organization, safety, and sensory experiences.

What is this area like for you now?

How would you like it to be?

How ready are you to make a change, if desired? Select readiness

What else might you add to this wheel? What other area might need your focus?