UAB/Lakeshore Wellness Assessment

Introduction and directions

Introduction: The UAB/Lakeshore Wellness Assessment is a 16-item survey that assesses your overall wellness. This survey is designed to address your physical, mental, and emotional health.

Directions: Please complete the questions below. Using a scale of 1 to 5, select the answer that best describes how satisfied you are with engaging in these wellness practices.

Questions

The first five questions are related to your physical health. Over the past week, how satisfied were you with

1. Getting enough regular exercise, inside your home, outside in a natural setting, or in a gym/fitness facility

1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied

2. Eating the kind of foods that reflect a healthy diet and did not include many processed foods (for example, chips, cakes, white bread, frozen pizza) or sweetened beverages/soda

1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
3. Taking proper care of your pe	ersonal needs (for example,	personal hygiene, taking	medications regularly)	
1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
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4. Getting a good night's sleep				
1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied
5. Managing physical pain that has been affecting your regular activities				
1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied

The next 5 questions are related to your mental health. Over the past week, how satisfied were you with

6. Managing negative thoughts (for example, gloom, worry, fear)

1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied		
7. Living by the values that yo	7. Living by the values that you stand for, the kind of life you want to lead, and the qualities you want to display to others					
1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied		
8. Feeling strong enough to ac	lvocate for yourself without	frustration, negativity, or	anger			
1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied		
9. Not feeling 'down and out,'	depressed, or lonely, which	affects your ability to cor	nplete your daily routines	s or activities		
1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied		
10. Participating in a hobby (for example, painting, singing, playing an instrument, journaling, book club)						
1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied		
The last five questions are related to your emotional health.Over the past week, how satisfied were you with11. Feeling a strong sense of inner peace or spirit that helps you cope with the day-to- day challenges of life such as pain, worry, fear or disappointment.						
1	2	3	4	5		
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied		
12. Feeling like you were making an important contribution to helping others in your community (for example, volunteer work or some other type of service)						
1	2	3	4	5		
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied		

1 Very unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Very satisfied	
14. Feeling that your relationships with family, friends, or coworkers are nourishing and positive					
1	2	3	4	5	
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	
15. Getting outdoors in a park or outdoor setting where you experienced the beauty of nature					
1	2	3	4	5	
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	
16. How you feel overall a	bout your wellness:				

13. Being in a state of mind that allowed you to understand the value and importance of a strong spirit

Select the number that best describes how satisfied you are overall with your physical, mental, and emotional wellness. This includes exercise, sleep, diet, self- care, pain management, mindfulness, relationships, and emotional enrichment.

1	2	3	4	5
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied