Wellness Wheel Reflection: Reflect Before You Rate

Read each set of questions before choosing your Wellness Wheel numbers. You may circle a question, jot a note, or simply think about what is true for you. Your answers—not how you think you should be doing—will help you choose a rating on the next page.

Nourishment

Do I eat meals that nourish me and leave me satisfied? Am I often doing other things while eating, or can I slow down and pay attention to my food and hunger? How often do salty packaged foods, takeout, or caffeinated drinks fit into my day?

Movement

Do I move in ways I enjoy and can safely sustain? Do I break up long periods of sitting with a few minutes of movement? What helps or limits my ability to be active?

Rest & Sleep

Do I wake feeling rested? Do I need daytime naps—or wish I could take one? Has someone noticed snoring, gasping, or pauses in my breathing during sleep? If I use CPAP, how many hours do I use it each night?

Stress & Resilience

What causes stress in my day? Do I have stress-relief tools I can actually use, such as breathing, time outdoors, prayer, or asking for help? Do I have opportunities to recover?

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Wellness Wheel Reflection — continued

Use the space below each topic to jot down what you notice. These reflections can help you choose your Wellness Wheel ratings.

Connection

What is the overall quality of my relationships? Do they restore and support me, or leave me feeling drained? Do I have people I can turn to when I need support?

Environment

Does my home life and schedule support sleep, meals, movement, and rest? Are there barriers—time, money, caregiving, transportation, or safety—that make health habits difficult?

Purpose & Joy

Do I experience enjoyment in everyday life? Do I make time for creativity, self-expression, or play? Do I have faith in something bigger than myself, if that is meaningful to me? Do I connect with nature?

Health Habits & Accountability

Am I aware of my health needs and my blood pressure patterns? Have I set intentional, realistic wellness goals? Do I prioritize my health, notice my progress, and follow through on the steps I have chosen? What support would help?

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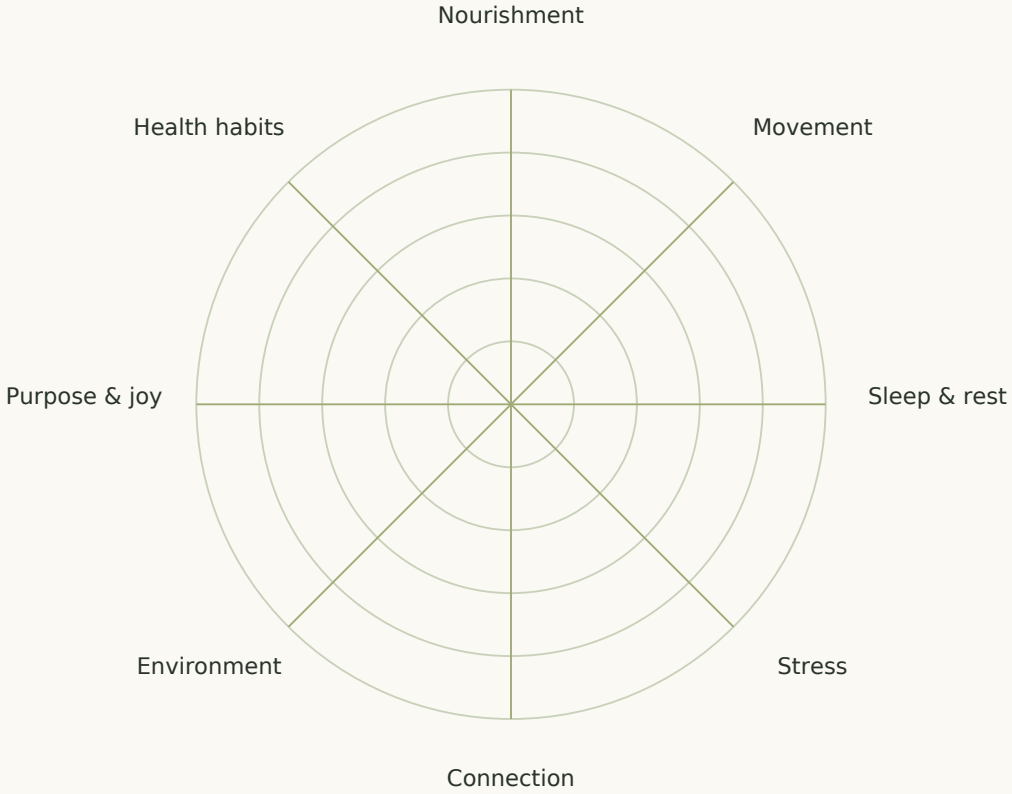
The Sacred Soil Wellness Wheel

Make a copy of this page before you fill it in. You can use it again to notice changes over time.

First: Read and answer the reflection prompts on the previous page. Then: rate how supported you feel in each area, from 1 to 10. Shade each spoke from the center outward and connect your marks. An uneven wheel may show where extra care could make life feel less bumpy.

Awareness, not blame

This is not a medical risk score. A low rating does not mean you caused hypertension, and a high rating does not rule it out. Your health is shaped by biology, circumstances, and access to support as well as habits.



Shade each spoke from 1 (center) to 10 (outer edge), then connect your marks.

Nourishment ___ Movement ___ Rest & Sleep ___ Stress & Resilience ___

Connection ___ Environment ___ Purpose & Joy ___ Health Habits ___

Print a fresh wheel in a few weeks or months to notice changes.

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A small-change plan

Your wheel is a starting point for curiosity. Choose one area that feels important and one change that fits your actual life. A small, steady step is more useful than a dramatic plan you cannot maintain.

One area I would like to nurture:

One specific, manageable action I will try this week:

What might get in the way? What support could help?

What I will notice or track:

Date I will revisit my wheel: _____

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