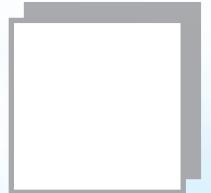
## Planning For Your Wellness

## IF ZERO REPRESENTS AN ABSENCE OF CHALLENGES,

How do you feel about your health today?



## -5 \( -4 \langle -3 \langle -2 \langle -1 \left( 0 \right) +1 \rangle +2 \rangle +3 \rangle +4 \rangle +5

Ihave serious concerns about my overall health.

about my health.

constant concerns that affect my health.

challenges that affect me on a daily basis.

Ihave health some minor about my complaints about my health.

I feel okay health with no complaints. most days.

good well on a energetic daily basis. and healthy.

active, energetic and fit.

great and am proactive about my health.

Where would you like your health to be?

