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| --- | --- | --- | --- | --- | --- |
|  | **3** Points | 2 Points | 1 Point | 0 Points | Points |
| **Sleeping** | I get an adequate amount of sleep almost every night. | I usually get enough rest. | My sleep habits are erratic.  | There are few nights when I feel I get adequate rest. |  |
| **Eating** | I eat three well balanced meals. I watch Fats, salt, sugar, and caffeine. | I try to eat well, but I don’t always watch salt, sugar, fats, or caffeine.  | I often skip breakfast, eat lots of junk food, and drink caffeinated beverages.  | I don’t watch what I eat.  |  |
| **Smoking** | I don’t smoke and never have.  | I used to smoke, but I quit a while ago.  | I smoke ½-1 pack per day. | I smoke 1 or more packs per day |  |
| **Fitness** | I follow a regular fitness program. | I exercise some of the time.  | Fitness is not a priority.  | I never exercise.  |  |
| **Friends** | I have a strong support system.  | I have people I can call.  | I don’t really feel close to many people and I rarely tell my troubles to anyone.  | I never share my feelings with anyone.  |  |
| **Time Management** | I set priorities. I am not restricted with time problems.  | I take things one at a time, but I am aware of the clock.  | I am always aware of time restrictions.  | I try to do too many things, I often worry snout what to do next. |  |
| **Stress** | I’m usually relaxed and feel that I have life in control.  | I tend to feel edgy.  | I often feel tired and feel tension in my body.  | I am tense, anxious, and depressed most of the time.  |  |
| **Stress Management** | I incorporate rest and change of pace to relieve stress. | I sometimes find time to take a breather when I’m under stress. | I don’t cope very well with stress! | My life is totally out of balance.  |  |
| **Drinking** | I am a non-user or drink less than 3 alcoholic beverages a week. | I drink 3-10 alcoholic beverages a week.  | I drink 10-15 alcoholic beverages per week.  | I often feel out of control when drinking.  |  |
| **Mental and Emotional Outlook** | For the most part I feel positive about my life.  | I tend to look at things negatively.  | I have some episodes of depression and exhaustion. | I am depressed and/or in our out of control.  |  |
| **Relaxation/ Exercise** | I include relaxation/ exercise in my daily routine.  | I occasionally use relaxation as a technique. | I very rarely practice relaxation.  | I do not use any special technique to help me relax.  |  |
| **Personal Fulfillment** | For the most part, I find my professional and personal life meaningful. | I find myself questioning what I could do to make my life more fulfilling.  | It is unusual for me to feel a sense of fulfillment.  | My life feels empty.  |  |
|  |  |  |  |  | **Total Points**  |