

Own Your Health Today™

Vitality Self-Assessment

ownyourhealth.today

How to Use This Assessment

This assessment invites you to take an honest, compassionate look at 14 dimensions of your vitality. There are no right or wrong answers — only your truth, right now. Use the reflection prompts to guide your thinking, then rate each area and jot notes on what you've tried and what you're curious about. At the end, identify your top 3 priorities.

Rating Scale

| | |
|----------|---------------------------------|
| 5 | Doing great in this area |
| 4 | Doing well — minor room to grow |
| 3 | Making progress |
| 2 | Needs more attention |
| 1 | Struggling & ready for change |

Name: _____

Date: _____

1 ■ ENERGY

REFLECT ON THIS:

- Do you have enough energy to get through your day — including the things that matter most to you?
- Notice your patterns: when do you feel most alive and alert? When do you hit a wall?
- When you need to recharge — sleep, rest, a walk, quiet time — are you actually able to?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

2 ■ SLEEP

REFLECT ON THIS:

- Do you fall asleep without difficulty and stay asleep through the night?
- Do you wake feeling genuinely restored, or just "done sleeping"?
- How often does poor sleep visibly affect the next day?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

3 ■ EMOTIONAL RESILIENCE

REFLECT ON THIS:

- When life gets hard or stressful, how well do you recover — emotionally and physically?
- Do you have tools, practices, or people that help you regulate and reset?
- Would you say your baseline emotional state is mostly stable, or do you feel reactive or depleted?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

4 ■ MENTAL CLARITY & FOCUS

REFLECT ON THIS:

- Can you think clearly, stay on task, and make decisions without significant effort?
- Do you experience brain fog, forgetfulness, or difficulty concentrating regularly?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

5 ■ PAIN

■ Use the scale below for frequency, then answer the intensity questions if pain is present.

REFLECT ON THIS:

→ How often do you experience pain that affects your day?

FREQUENCY RATING:

5 = Rarely / Never → 1 = Daily / Constant

| | | | | |
|-------------------|-----------------------------------|---------------------------|---------------------------|---------------------|
| | 4 | 3 | 2 | 1 |
| Rarely / Never | Occasionally — no daily impact | Sometimes — manageable | Often — affects my day | Daily / Constant |

PAIN INTENSITY — When you have pain, rate it on a 0–10 scale (0 = none · 10 = worst imaginable)

Best (lowest):

Worst (highest):

Average:

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

6 ■ PHYSICAL: STRENGTH

REFLECT ON THIS:

- Do you feel strong enough to handle the physical demands of your daily life?
- Can you carry groceries, open jars, lift things without struggle or fear of injury?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

7 ■ PHYSICAL: FLEXIBILITY & MOBILITY

REFLECT ON THIS:

- Do you move through your day freely, or does stiffness or tightness limit you?
- Can you bend, reach, and move without pain or restriction?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

REFLECT ON THIS:

- Do you feel steady and sure-footed — on stairs, uneven surfaces, getting up quickly?
- Have you noticed changes in your balance or had any near-falls?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

9 ■ PHYSICAL: ENDURANCE

REFLECT ON THIS:

- Can you walk far enough to comfortably participate in most social activities?
- Do stairs, hills, or sustained movement leave you winded or having to stop?
- Does your stamina support the life you want to live — or does it hold you back?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

10 ■ DIGESTION & NUTRITION

REFLECT ON THIS:

- Does your gut feel comfortable most of the time — or do bloating, discomfort, or irregularity affect you regularly?
- Do your food choices give you sustained energy and clarity, or do they leave you sluggish?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

11 ■ FUN & JOY

REFLECT ON THIS:

- Do you have things you genuinely look forward to — regularly, not just on special occasions?
- Is there enough laughter, play, and delight in your everyday life?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

12 ■ SOCIAL CONNECTION & RELATIONSHIPS

REFLECT ON THIS:

- Do you feel genuinely connected to people who matter to you?
- Are your relationships mostly a source of energy — or mostly a source of stress?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
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NOTES / OBSERVATIONS

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THINGS I'D LIKE TO TRY

13 ■ SELF-IMAGE & APPEARANCE

REFLECT ON THIS:

- Do you feel comfortable and confident in your body and in how you present yourself?
- Does how you see yourself — or how you feel others see you — affect your daily confidence?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

14 ■ PURPOSE & ALIGNMENT

REFLECT ON THIS:

- Does your daily life feel like it reflects your values and where you want to go?
- Do you feel a sense of direction and meaning — or like you're going through the motions?

MY RATING:

| | | | | |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|
| 1 Struggling & ready for change | 2 Needs attention | 3 Making progress | 4 Doing well | 5 Doing great in this area |
|--|--------------------------|--------------------------|---------------------|-----------------------------------|

NOTES / OBSERVATIONS

THINGS I'VE TRIED

THINGS I'D LIKE TO TRY

■ MY TOP 3 PRIORITIES

Based on your ratings and reflections, choose the 3 areas you most want to focus on first. These aren't the areas that are most broken — they're the ones you're most ready to work on.

PRIORITY 1

Area:

My Rating:

WHAT I'D LIKE TO TRY / NOTES

PRIORITY 2

Area:

My Rating:

WHAT I'D LIKE TO TRY / NOTES

PRIORITY 3

Area:

My Rating:

WHAT I'D LIKE TO TRY / NOTES

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