

Integrative Health and Wellness Assessment (IHWA)

(Adapted with permission from B. M. Dossey, S. Luck and B. G. Schaub. (2012). *Nurse Coaching for Health and Wellness*. Huntington, NY: Florence Press).

1=never; 2=rarely; 3=occasionally; 4=frequently 5= always

Life balance/Satisfaction					/20
1. I have balance between my work, family, friends, and self.	1	2	3	4	5
2. I get 6-8 hours of uninterrupted sleep each night	1	2	3	4	5
3. I use strategies (breathing, stretching, relaxation, meditation, imagery) to manage stress daily.	1	2	3	4	5
4. When I recognize negative thoughts, I reframe them.	1	2	3	4	5
Relationships					/15
5. I have people in my life who I trust and can go to for support and guidance	1	2	3	4	5
6. I am able to say no to others without feeling guilty	1	2	3	4	5
7. I clearly express my needs and desires.	1	2	3	4	5
Spiritual					/15
8. I feel that my life has meaning, value, and purpose.	1	2	3	4	5
9. I feel connected to a force greater than myself.	1	2	3	4	5
10. I make time for reflective practice (affirmations, prayer, meditation).	1	2	3	4	5
Mental					/15
11. I set realistic goals	1	2	3	4	5
12. I ask for help/assistance as needed.	1	2	3	4	5
13. I can accept circumstances and events that are beyond my control.	1	2	3	4	5
Emotional					/20
14. I recognize my own feelings and emotions	1	2	3	4	5
15. I express my feelings in appropriate ways	1	2	3	4	5
16. I practice forgiveness	1	2	3	4	5
17. I listen to and respect the feelings of others	1	2	3	4	5

Physical/ Nutrition _____/20

18. I eat at least 5 servings of fruits and vegetables daily	1	2	3	4	5
19. I eat recommended servings of whole foods (beans, nuts etc)	1	2	3	4	5
20. I drink 6-8 glasses of water daily.	1	2	3	4	5
21. I eat mindfully (concentrate on eating-not multitasking or in front of the tv)	1	2	3	4	5

Physical/Exercise _____/20

22. I do aerobic exercise regularly (20-30 min 3x a week)	1	2	3	4	5
23. I do strength exercises regularly	1	2	3	4	5
24. I do stretching or flexibility for 5 min 3x a week.	1	2	3	4	5
25. I maintain an ideal weight	1	2	3	4	5

Environment _____/20

26. I have a healthy non toxic home environment	1	2	3	4	5
27. I have a healthy non toxic work environment	1	2	3	4	5
28. I'm aware of how my external environment affects my health & wellbeing	1	2	3	4	5
29. I have a smoke free environment	1	2	3	4	5

Health Responsibility _____/35

30. I believe I am key to my wellbeing	1	2	3	4	5
31. I receive a yearly physical exam	1	2	3	4	5
32. I pay attention to my physical wellbeing and address symptoms as they arise	1	2	3	4	5
33. I know my blood pressure, triglycerides, cholesterol and glucose levels.	1	2	3	4	5
34. I can work and do regular activities of daily life	1	2	3	4	5
35. I am aware of my risk factors for disease	1	2	3	4	5
35. I follow the plan/medications developed with my health care provider	1	2	3	4	5

Total Score _____/180