

Youth Wellness Lifestyle Check-Up (WLC)

Below is a brief check-up survey designed to help youth reflect on their health habits and consider making changes to protect and improve their mental and physical wellbeing.

Directions: Circle one response for each question below.

In the last 30 days, did you...

1. Get 60 minutes or more of physical activity every day (For example, walking, running, swimming, sports, chores)? **Yes or No**
2. Limit your non-school related screen time (TV, computer, smart phone, tablet, online games) to 2 or fewer hours every day? **Yes or No**
3. Eat breakfast every morning? **Yes or No**
4. Get 8 or more hours of sleep every night? **Yes or No**
5. Avoid using alcohol, marijuana and other drugs every day? **Yes or No**
6. Avoid using e-cigarettes and tobacco every day? **Yes or No**
7. Practice active relaxation every day to reduce stress (For example, do deep slow breathing, walk in nature, sit in a quiet place, meditate, pray, take a bath, play with a pet, do yoga, listen to quiet music)? **Yes or No**

Scoring: Total the number of YES responses.

7 = Excellent. You are a wellness hero and model for others!

6 = Good. Worthy effort and almost at the top!

5 = Fair. With room for improvement.

4 or less = Bad. Great time to start working on improving your personal wellness!

For more information about healthy lifestyle behaviors, go to:

<https://preventionpluswellness.com/pages/healthy-lifestyle-guidelines-for-youth-and-young-adult-goal-setting>

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