

Healthy Relationships

The ability to create and maintain healthy, life-giving connections with others.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never		Sometimes		Half of the Time		Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

I am satisfied with the amount of time I spend with the important people in my life. _____

I am satisfied with the honest conversations I am able to have with those who are important to me. _____

My friends and family can count on me when they need to reach out to me for help. _____

I am able to forgive family and friends for past or present hurts. _____

I am happy with my friendships and other social connections. _____

In my close relationships, I am very satisfied that there is a good balance between give and take. _____

I can say “no” when I want or need to without worrying about the reactions of others. _____

I feel good about the impact my use/or non-use of alcohol and other drugs has on my relationships with family, friends, and colleagues. _____

I feel good about the amount of trust, respect, and honesty that exists in my relationships with the people in my life. _____

I am able to identify and then work to change or end unhealthy relationships when needed. _____

TOTAL _____

Adult Wellness Self-Assessment



Handling Emotions

The ability to process, express, and receive emotions in a healthy way.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never	Sometimes		Half of the Time			Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

People who know me would say that I handle my emotions in a healthy way. _____

I avoid using alcohol, other drugs, and other unhealthy habits to deal with my emotions. _____

I am able to share the full range of emotions (including sadness, fear, joy, laughter, and worry) with people I trust. _____

When someone I care about is upset, I am comfortable listening, rather than telling them what to do. _____

I have a solid and healthy sense of confidence in myself. _____

I feel good about the way I handle my emotions and how they affect my relationships. _____

I am able to communicate my emotions in a positive way without being irritable, critical, or angry. _____

I know the early warning signs of depression and anxiety, and seek help if I recognize these signs in myself. _____

When I'm feeling emotionally overwhelmed I turn to others for support and help. _____

The way I express my emotions demonstrates respect toward myself and others. _____

TOTAL _____

Adult Wellness Self-Assessment



Spirituality

The development and practice of a strong personal value system and a meaningful purpose in life.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never	Sometimes		Half of the Time			Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

My life has meaning and purpose. _____

I am pleased with what I give back to the world. _____

I have centering/spiritual practices that are a regular part of my life. _____

I have activities that I do regularly to renew my soul, to center myself, and to gain perspective. _____

My core values and beliefs guide my thoughts, behaviors, and daily decisions in a way that makes me feel good. The way I live my life is consistent with my spirituality, and core values and beliefs. _____

I have a deep sense of gratitude for the many good things in my life. _____

I seek forgiveness from family and friends when I have hurt them. _____

I can forgive myself when I have made a mistake. _____

People who know me well would describe me as very compassionate. _____

I am a part of a community that enriches my spiritual life. _____

TOTAL _____

Adult Wellness Self-Assessment



Rest and Play

The ability to balance work and play and to renew oneself.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never	Sometimes		Half of the Time			Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

I get enough rest to renew myself most of the time. _____

I am satisfied with the amount of time that I set aside for healthy fun. _____

I have at least one hobby or interest that renews me, and I take intentional time for it on a regular basis. _____

I actively take advantage of opportunities to try new healthy ways to have fun. _____

I enjoy recreational activities in my community, work, places of worship, or other local organizations. _____

I am able to take my mind off work while I am away from it. _____

I take time to laugh and enjoy life. _____

I am confident that the amount of time I spend on email, online, watching TV, on my computer, on my phone, and other technology, is good for my overall well-being. _____

I frequently have fun where alcohol and other drugs are not involved. _____

I use some of my free time to renew my relationship with myself. _____

TOTAL _____

Adult Wellness Self-Assessment



Stress Resilience

The ability to deal positively with the adversities of life.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never	Sometimes		Half of the Time			Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

I adjust to changes in my life in a positive way. _____

I am dealing well with changes, planned or unplanned, that have occurred in my life. _____

I seek support from others, rather than isolating myself, when I find myself stressed or in a time of transition. _____

I set realistic goals for myself. _____

I have the tools necessary to handle a major life challenge. _____

I recognize the physical signs of stress: headaches, trouble sleeping, feelings of depression, or outbursts of anger, and try to make healthy adjustments accordingly. _____

When I encounter challenges, I am able to keep them in perspective. _____

When I have a problem, I turn to others for support rather than keeping it to myself. _____

I have healthy ways to handle the stresses in my life, such as exercise, meditation, creative outlets, or yoga. _____

I refrain from using alcohol, drugs, or food to numb or self-medicate when I am stressed. _____

TOTAL _____

Adult Wellness Self-Assessment



Care for the Body

The ability to build healthy habits and practices regarding our physical well-being, as well as the ability to end unhealthy ones.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never		Sometimes		Half of the Time		Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

I get an amount of regular physical activity that is healthy for me. _____

I treat my body with respect. _____

I am comfortable with my sexuality, knowing that my sexual decisions are healthy and safe for me, physically and emotionally. _____

The daily decisions that I make about what I eat and drink are healthy. _____

I go to the doctor and dentist for regular checkups, and seek help when a health problem arises. _____

I feel comfortable about my relationship with food. _____

I know that the decisions I make about the use of tobacco, alcohol, and/or other drugs are healthy for me. _____

My current weight is healthy for me. _____

I feel a healthy sense of self-worth and self-esteem regarding my body. _____

Most days I get at least eight hours of sleep. _____

TOTAL _____

Adult Wellness Self-Assessment

Organization



The ability to keep track of and make good use of possessions, money, and time.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never		Sometimes			Half of the Time			Most of the Time		Always	
0	1	2	3	4	5	6	7	8	9	10	

I have a way of keeping track of my calendar, and keeping my commitments organized that works well for me. _____

I have a budget and a savings and/or retirement plan and have a method for helping me stick with it. _____

I am always on time for work, appointments, meetings, and social events. _____

I regularly take time to clean and organize my personal spaces, such as my home, car, office, etc. _____

I am happy with the way I organize my priorities to ensure that I have enough time to dedicate to all of the different aspects of my life. _____

At the end of each day I usually feel like I completed most everything I had planned to get done. _____

I regularly make time to plan ahead for things so that I rarely have to rush around at the last minute to get ready. _____

Others whose lives are impacted by mine would describe me as organized. _____

My finances are well organized because I do the following: maintain a budget, keep track of expenditures, save money, balance my checkbook, pay all bills on time, organize tax information and file my taxes on time. _____

I regularly go through my possessions and get rid of/donate things I no longer need or want. _____

TOTAL _____

Adult Wellness Self-Assessment



Vocation

The ability to get the most out of employment, educational, and volunteer opportunities.

Respond to the following 10 statements with a number between 0–10, based on the following scale. When you are done, transfer the total to your Wellness Compass on page 9. If a statement does not apply to you then simply give yourself a “10” for that statement.

Never	Sometimes		Half of the Time			Most of the Time		Always		
0	1	2	3	4	5	6	7	8	9	10

I make good use of my talents and passions in the work I do. _____

I am satisfied with how my work life is balanced with my personal life. _____

I have others in my life who enjoy the same kind of work I do. _____

I welcome new opportunities to learn new things that will enhance my vocation. _____

I enjoy my current vocation. _____

My vocation is compatible with my beliefs and values. _____

If I were to decide to make a change in my vocation, I would know where to begin. _____

I am satisfied with the pay and recognition I receive for my work. _____

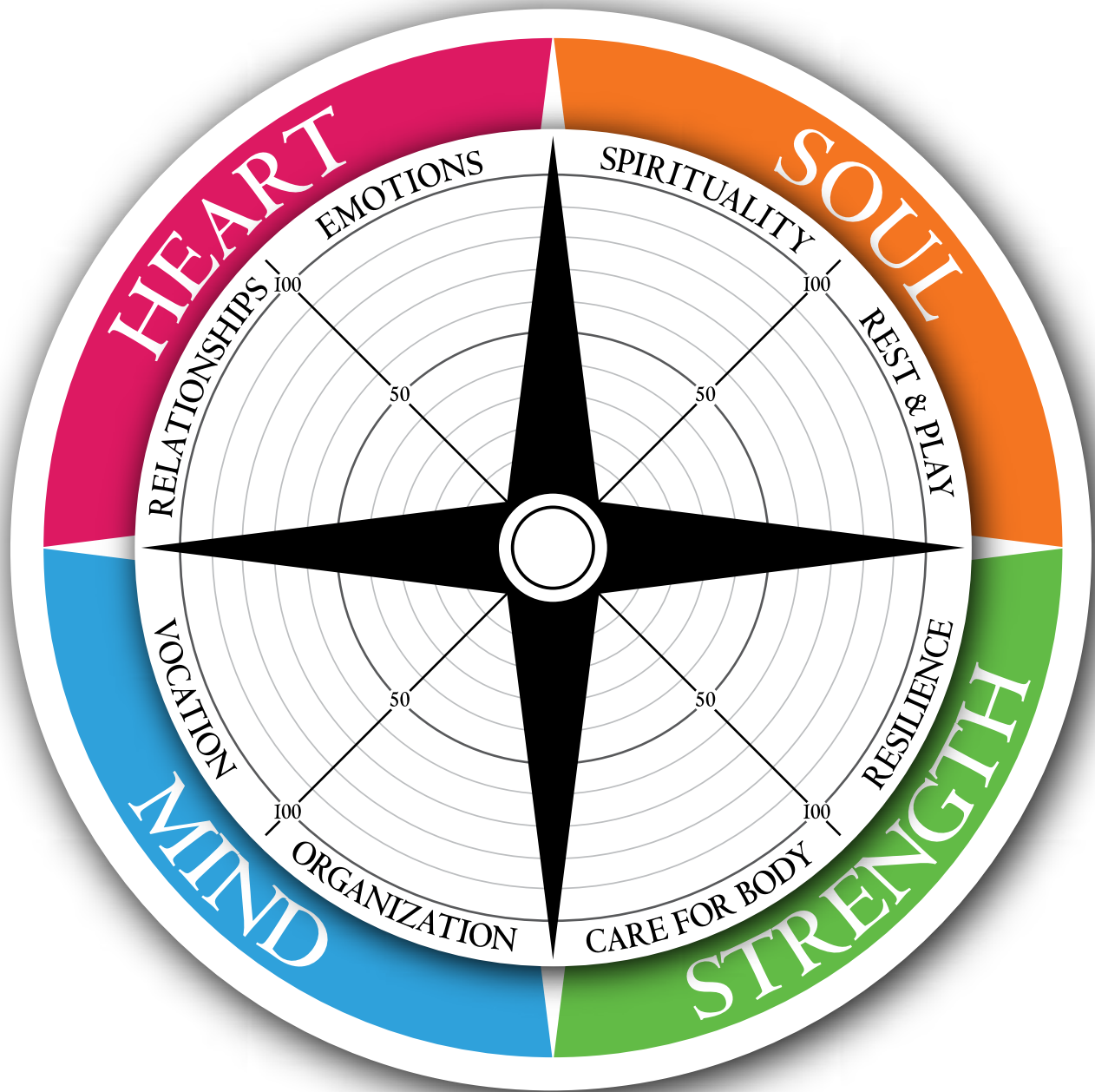
I am proud of myself when it comes to the work I do. _____

I have a clear sense of purpose and direction in my work. _____

TOTAL _____

Adult Wellness Compass Self-Assessment

Your Results



After you've rated each statement in the Adult Wellness Self-Assessment, add them together to arrive at your total number, and then shade in that area of wellness on this page (a total of "0" is at the center, "50" halfway out, and a total number of "100" means you shade in the whole "wedge"). Once your Compass is shaded in, it might be helpful to think of it as a garden. Your results show areas of the garden you have been watering, and which areas may be in need of some additional watering.