

Strength: 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 the Wellness Self-Assessment Tool 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 been free of any major life changes, planned or unplanned, over the last two years. Or, if there have been major changes, I am dealing with them well. _____

When I am stressed, or in the midst of transition, I turn to God (Higher Power/ Source) and my spiritual life to give me strength and resilience. _____

In times of stress or transition, I seek support from others rather than taking my stress out on others, or isolating myself. _____

In the midst of stress, I am able to remain flexible and adaptable. _____

I anticipate and plan for changes and transitions that I know are coming, rather than simply reacting to them after they happen. _____

I am able to maintain a positive attitude in the midst of stress. _____

I am able to identify the causes of stress and set goals to address those causes. _____

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

I have been free from any physical symptoms that may be related to stress over the last month. _____

I refrain from making decisions, such as overcommitting and putting high expectations on myself, that self-inflict high levels of intensity and stress in my life. _____

TOTAL _____

Strength: 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 the Wellness Self-Assessment Tool 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 regular physical activity I get. _____

My faith/spirituality is a positive guide for my views toward my physical well-being and how I care for my body. _____

I go to the doctor and dentist for regular physicals/checkups and also go as soon a problem arises. _____

I am comfortable with my sexuality. _____

I make conscious, intentional decisions about what I eat and drink. _____

I am satisfied with my current weight. _____

I am satisfied with my use of tobacco. _____

I am satisfied with the decisions that I make about the use of alcohol and/or other mood-altering drugs. _____

I am able to ignore what the culture tells me about how I should look in terms of weight or appearance. I decide for myself what is healthy and best for me. _____

I eat a balanced diet and feel good overall about the relationship I have with food. _____

TOTAL _____

Adult Faith & Wellness Self-Assessment

Mind: 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 the Wellness Self-Assessment Tool 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 budget and a savings and/or retirement plan and I stick to them. _____

My spirituality strongly guides my relationship with money and material possessions. _____

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

I keep track of my personal belongings, such as my keys, wallet, purse, or other important items, such as personal papers, and can get my hands on them immediately at any time. _____

At the end of most days I feel like I accomplished the most important things that I had hoped to get done that day. _____

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

People who know me well would describe me as well organized. _____

My finances are well organized, which means the following: I have a pretty close estimate of the balance in my bank accounts at all times; I pay all bills on time; I have savings goals and meet them; and I organize tax information and file my taxes on time each year. _____

If an unexpected visitor surprises me and wants to enter my home, car, or office, I don't have to worry about how messy it is. _____

I regularly go through my closet, basement, garage, attic, and drawers, getting rid of things I don't need. _____

TOTAL _____

Adult Faith & Wellness Self-Assessment



Mind: 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 the Wellness Self-Assessment Tool 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 clear sense of the gifts and talents that I have been given. _____

I make good use of the gifts and talents that I have been given in the work/school/service I do. _____

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

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

I welcome new opportunities to learn new things that will enhance my work/school/service. _____

My work/school/service is congruent with my spirituality, beliefs, and core values. _____

I would feel confident making a change in my work/school/service if I needed to. _____

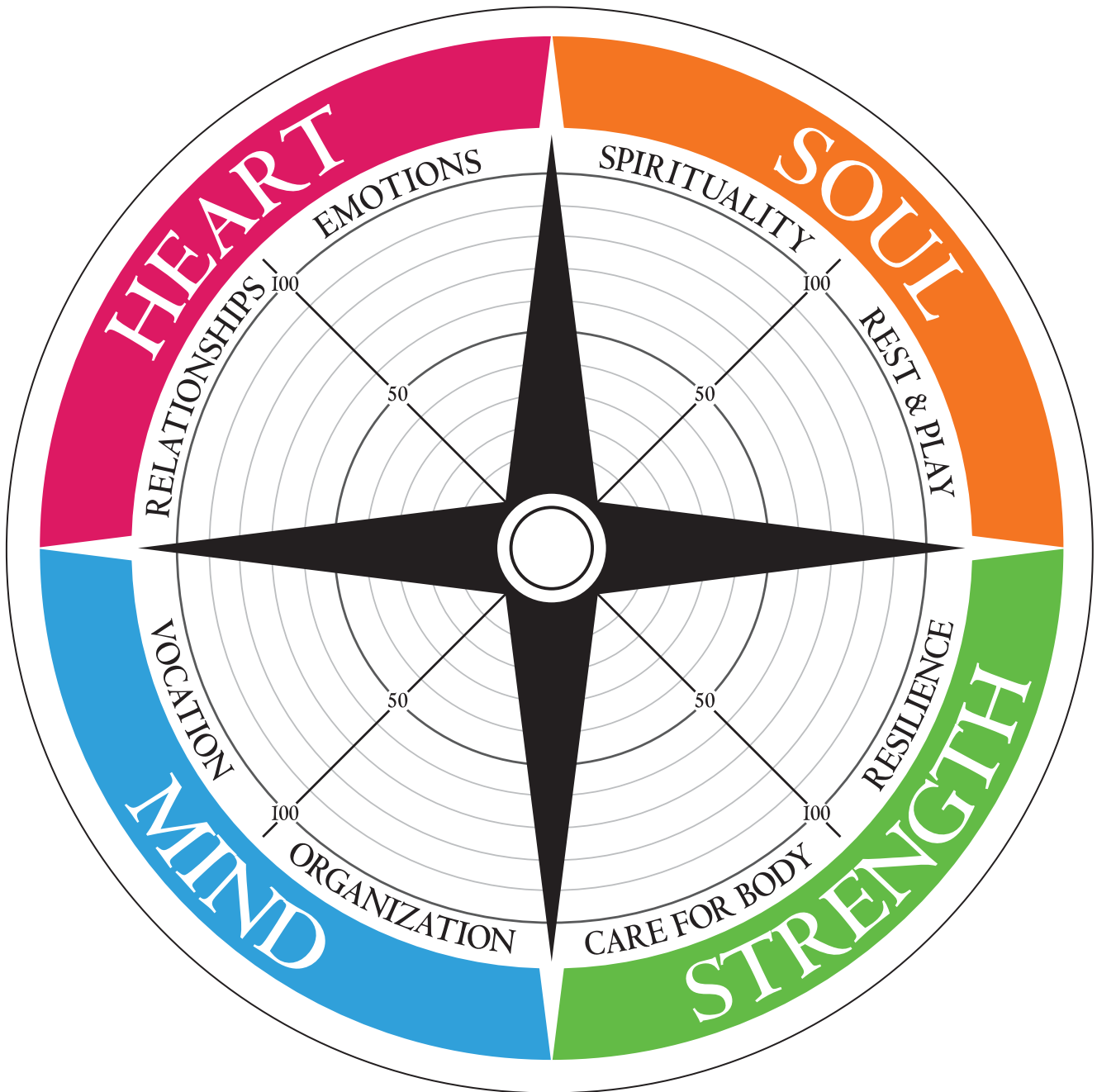
I am happy with the pay/grades/recognition I receive for my work/school/service. _____

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

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

TOTAL _____

Adult Faith & Wellness Self-Assessment Your Results



Once you have arrived at your total score from each area of wellness in the Faith & Wellness Self-Assessment, shade in that section of the compass (0 is at the center, 50 is halfway out, and 100 is at the outer edge). Your scores are not “good” or “bad,” nor are they “strong” or “weak.” This inventory is simply a “snapshot” of your life at this very moment. 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.