

# Parent Wellness Self-Assessment

## Healthy Relationships

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

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 model healthy relationships for my child. \_\_\_\_\_

I work to help my children recognize relationships that are unhealthy and, when necessary, help them choose other relationships. \_\_\_\_\_

I think before speaking to my child when emotions are high. \_\_\_\_\_

Our family talks about important issues affecting us, even when it may be uncomfortable to do so. \_\_\_\_\_

The way I regularly interact with my children is helping to build a loving and healthy relationship. \_\_\_\_\_

I am satisfied that our family is not overly connected to email, texts, phones, social media, or computers in ways that are interfering with our relationships. \_\_\_\_\_

I set a good example for our family by saying I’m sorry when I hurt someone, and help my children to do the same. \_\_\_\_\_

I feel confident that our relationships with family, friends and others are creating a strong, caring community for our family. \_\_\_\_\_

I am able to resolve conflict with my children in a productive way. \_\_\_\_\_

Our family works together as a team when needed. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment



## Handling Emotions

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

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 helping my children to learn about, feel, and express the full range of emotions (sadness, fear, joy, boredom, anger, joy, love) in healthy ways. \_\_\_\_\_

The words I use and the way I speak to my children are helping to build a solid and healthy sense of confidence within them. \_\_\_\_\_

I forgive myself and my child when we make mistakes and express forgiveness easily. \_\_\_\_\_

My relationship with alcohol and other drugs, as well as other possibly addictive behaviors, does not negatively affect my family. \_\_\_\_\_

I give my child daily positive affirmations. \_\_\_\_\_

When my child misbehaves in some way, I use that as an opportunity to teach him or her about a better way of doing things. \_\_\_\_\_

When I am emotionally upset, I have places to turn to re-center myself, and I teach my child to do the same. \_\_\_\_\_

I take my children’s emotions seriously and do not minimize their feelings. \_\_\_\_\_

The relationships in my life are emotionally stable and are a healthy model for my children. \_\_\_\_\_

I “say what I mean, mean what I say, and I don’t say it mean.” \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment



## Spirituality

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

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 a clear sense of meaning and purpose. \_\_\_\_\_

I am satisfied with my spiritual life. \_\_\_\_\_

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

I am able to forgive people who have hurt me and model forgiveness within my family. \_\_\_\_\_

The way I live my life is consistent with my spirituality, core values, and beliefs. \_\_\_\_\_

I have a deep sense of gratitude for the many blessings in my life, and help my family to do the same. \_\_\_\_\_

People who know me well would describe me as compassionate. \_\_\_\_\_

My spirituality, core values, and beliefs are primary guides in making parenting decisions. \_\_\_\_\_

Our family is connected to a community that deepens our spiritual roots. \_\_\_\_\_

I am learning spiritual truths through my children and my journey as a parent. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment

## Rest and Play

**The ability to balance work, school, and play and to renew oneself.**

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 feel positive about the amount of time that everyone in our family spends on screens each day. \_\_\_\_\_

I feel positive about the number and the types of extra-curricular activities in which my children are involved. \_\_\_\_\_

I take adequate time to rest and renew myself. \_\_\_\_\_

I feel that we have adequate time together as a family to connect and have fun. \_\_\_\_\_

I am satisfied with the amount of sleep that my children and I get. \_\_\_\_\_

I have at least one hobby or interest that I enjoy. \_\_\_\_\_

I am satisfied that the way we all spend our unstructured time is renewing. \_\_\_\_\_

I look on the bright side of life and laugh often. \_\_\_\_\_

My family and I try new things, new activities, and explore new places together. \_\_\_\_\_

I have fun with my children. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment

## Stress Resilience



**The ability to deal positively with the adversities of life.**

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 our family life in a positive way, and help my children to do the same. \_\_\_\_\_

When we are stressed or in the midst of a transition, my family and I are comfortable seeking support from others. \_\_\_\_\_

I am satisfied with the way I manage my own stress, so that it minimally impacts my children. \_\_\_\_\_

My family and I are able to keep our challenges in perspective. \_\_\_\_\_

My family and I recognize the stressors in our lives and take steps to address them. \_\_\_\_\_

My family and I have effective ways to alleviate stress, such as exercising, meditating, journaling, and connecting with others. \_\_\_\_\_

My family and I work to avoid activities that add excessive stress to our lives. \_\_\_\_\_

My family and I have a network of support around us that we can turn to when stressed. \_\_\_\_\_

I am able to respond thoughtfully to stressful situations, rather than merely reacting, and am teaching my children to do the same. \_\_\_\_\_

My family and I know how to take timeouts in the midst of stressful situations when needed. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent 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.

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 a good role model for my children in terms of caring for my body. \_\_\_\_\_

I am teaching my family the skills needed to avoid unhealthy choices. \_\_\_\_\_

I go to the doctor and dentist for regular checkups, and have my children do the same. \_\_\_\_\_

My family and I get the sleep we need to function at our best. \_\_\_\_\_

I model listening to my body and making healthy adjustments as needed, and encourage my children to do the same. \_\_\_\_\_

I model a healthy approach to sexuality for my children. \_\_\_\_\_

I do my best to make sure we all eat a healthy diet. \_\_\_\_\_

I model healthy decisions regarding the use of alcohol, other drugs, and tobacco. \_\_\_\_\_

I do my best to make sure that both my children and I get exercise on a regular basis. \_\_\_\_\_

I have enough physical and mental energy to be the parent I want to be. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment

## Organization

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

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 family and I have a system for planning and keeping track of activities that works for everyone. \_\_\_\_\_

We have regular family meetings to clarify priorities and then plan our activities accordingly. \_\_\_\_\_

I feel good about the way my family and I spend, share, and save, our money. \_\_\_\_\_

Chores and expectations for helping around our home are clearly communicated, are understood, and carried out. \_\_\_\_\_

I am teaching my children, and modeling for them, how to help keep our home clean and organized. \_\_\_\_\_

I feel confident that the number of activities our family participates in is good for everyone. \_\_\_\_\_

I know where my children are and with whom they are spending time, and feel comfortable with what I know. \_\_\_\_\_

I am intentional about the amount of money my children have access to and how they use it. \_\_\_\_\_

I am helping my children learn how to manage their time and am working to model the same. \_\_\_\_\_

People who know me well would describe me as well organized. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

# Parent Wellness Self-Assessment

## Work and School

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

Rate the statements below by placing a number from 0–10 in the space provided. When you are done transfer the total at the bottom to your Wellness Compass on page 9. If a statement does not apply to you or your family, 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 sure my children know I value their education by supporting school-related activities. \_\_\_\_\_

I am aware of my child’s school responsibilities and make sure he or she has the time, materials, and support needed to fulfill them each day. \_\_\_\_\_

My children have age-appropriate opportunities to contribute to the creation of our rules around homework and other obligations. \_\_\_\_\_

I model the importance of learning by being a life-long learner myself. \_\_\_\_\_

I willingly help my children with homework when needed. \_\_\_\_\_

I am connected with my children’s school and teachers in a way that is appropriate for the age of my children. \_\_\_\_\_

I see, appreciate, and celebrate the unique gifts that my children possess. \_\_\_\_\_

The role of grades and other measures of performance in our home is healthy for all involved. \_\_\_\_\_

I lift up my child’s strengths at school as much as I do his or her challenges. \_\_\_\_\_

I feel that my work and other commitments do not overly interfere with my time with my family. \_\_\_\_\_

**TOTAL** \_\_\_\_\_



# Parent Wellness Compass Self-Assessment

## Your Results



After you've rated each statement in the Parent 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.