

The Wellness COMPASS

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NOTE: *This Wellness Compass Self-Assessment for Teens* PDF is a companion resource to our *Wellness Compass Notebook for Teens*. To download a free PDF of the *Notebook for Teens*, visit our website: wellnesscompass.org

Printing Troubleshooting Note: If you have filled in these forms using something besides Adobe Acrobat Reader and the filled-in values don't print, you need to do a "Save As..." (File Menu) of the pdf file from the application you used to open this file. When you print it from the newly saved file it should print all of your scores.

The Wellness Compass: A Roadmap for Balanced Living



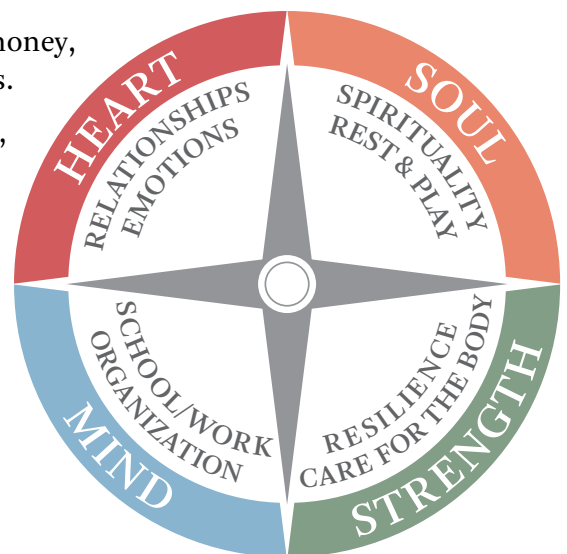
Everything in your life is connected—your relationships, your emotions, your health, and your purpose. It's like a giant mobile hanging in your room. When one part moves, the whole thing shifts. That lack of sleep you've been dealing with? It could be stemming from the stress of school, drama with your friends, or even big changes in your family. When one area of your life gets thrown off, it can ripple through everything else.

On the flip side, when you start to make positive changes in one part of your life, the benefits can spread to the other areas too. It's all about finding that balance and stability.

That's where the Wellness Compass comes in. This framework explores 8 key dimensions of well-being.

- **Relationships.** Your ability to build close, supportive bonds with family, friends, romantic partners, and your community.
- **Emotions.** How well you're able to identify, process, and express a range of emotions in a healthy way.
- **Spirituality.** Developing a personal value system and finding a sense of meaning, purpose, and inner peace.
- **Rest and Play.** Balancing productivity and responsibilities with time for relaxation, hobbies, and fun.
- **Care for the Body.** Cultivating positive habits to support your physical health and energy levels.
- **Resilience.** Your capacity to bounce back from life's challenges, setbacks, and sources of stress.
- **Organization.** Effectively managing your time, money, belongings, and other everyday responsibilities.
- **School and Work.** Exploring your interests, talents, and future goals related to school, work, and volunteering.

By being intentional about all these aspects of your life, you can create greater wellness and inner peace, no matter what challenges come your way. It's a roadmap to help you navigate the ups and downs of life and emerge stronger on the other side.



The Wellness Compass: A Self-Reflection for Teens


The **Wellness Compass Self-Assessment** is designed to help you tune into what's really going on in your life right now. Because the truth is, your life is always trying to give you clues and guidance. The question is: are you paying attention?

This self-assessment is like a mirror that reflects your current state of balance and wholeness across different areas. The results will show you where you're thriving and where you might need to focus a bit more attention.

Let's take a look at some sample Wellness Compass results to give you an idea of what this looks like. These examples can become your trusted guide as you navigate the ups and downs of teen life and work towards greater overall wellness.

Teen Wellness Self-Assessment: Sample Scores

Self-Assessment for Teens



Relationships


Your ability to build close, supportive bonds with family, friends, romantic partners, and your community.

Respond to the following 10 statements with a number between 0-10, based on the following scale. Enter a "10" for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

Never	Sometimes	Half of the Time	Most of the Time	Always						
0	1	2	3	4	5	6	7	8	9	10
I'm satisfied with how much quality time I spend with the important people in my life.					5					
I'm able to have open and honest conversations with my family and other trusted individuals.					4					
I feel good about the relationships I have with members of my family.					6					
I'm happy with the friendships and social connections I've developed.					4					
My friends and the people who know me well consider me a trustworthy, supportive friend.					4					
My friends and I share similar positive values and goals.					3					
I feel good about how my use or non-use of alcohol/drugs impacts my relationships.					4					
There is a healthy balance of trust, respect, and honesty in all my relationships, including dating if applicable.					6					
When conflicts arise with family or friends, we can work through disagreements in a constructive way.					5					
I'm able to identify and distance myself from any unhealthy relationships when necessary.					4					
TOTAL SCORE					45					

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Self-Assessment for Teens



Resilience

Your capacity to bounce back from life's challenges, setbacks, and sources of stress.

Respond to the following 10 statements with a number between 0-10, based on the following scale. Enter a "10" for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

Never	Sometimes	Half of the Time	Most of the Time	Always						
0	1	2	3	4	5	6	7	8	9	10
Things happening in my personal life rarely interfere with my focus at school or work.					7					
I try to approach life changes and challenges with a positive, hopeful attitude.					6					
I feel good about the support I receive from others during difficult times.					6					
When faced with a major life challenge, I handle the accompanying stress in healthy ways.					7					
I'm able to keep problems and stressors in perspective when they arise.					4					
I set realistic, achievable goals for myself.					5					
When problems come up, I reach out to others for support instead of keeping it all inside.					6					
I manage stress in healthy ways, avoiding self-destructive coping habits.					6					
I address any physical symptoms related to stress, like sleep troubles or headaches.					6					
I'm coping well with significant life changes, whether expected or unexpected.					7					
TOTAL SCORE					60					

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The Wellness Compass: A Personal Snapshot

Sample Results based on Sample Total Scores



On the next eight pages, you'll find a series of self-assessments—one for each of the 8 key areas of well-being. For each assessment, you'll respond to 10 statements on a scale from 0 (Never) to 10 (Always).

Once you've completed all the assessments, you'll shade in the corresponding sections of the Wellness Compass on page 16. This creates a visual snapshot of your current well-being. Think of it like a map of your own personal "wellness garden"—highlighting the areas you've been tending to, as well as the ones that could use a little more care and attention.

It's important to remember that there are no "good" or "bad" scores here. These results simply reflect where you're at in the moment. The key is to use these results as a friendly guide to support your overall growth and balance.

Ready to get started? Head to the next page to begin your self-assessment.

Relationships

Your ability to build close, supportive bonds with family, friends, romantic partners, and your community.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

I'm satisfied with how much quality time I spend with the important people in my life. _____

I'm able to have open and honest conversations with my family and other trusted individuals. _____

I feel good about the relationships I have with members of my family. _____

I'm happy with the friendships and social connections I've developed. _____

My friends and the people who know me well consider me a trustworthy, supportive friend. _____

My friends and I share similar positive values and goals. _____

I feel good about how my use or non-use of alcohol/drugs impacts my relationships. _____

There is a healthy balance of trust, respect, and honesty in all my relationships, including dating if applicable. _____

When conflicts arise with family or friends, we can work through disagreements in a constructive way. _____

I'm able to identify and distance myself from any unhealthy relationships when necessary. _____

TOTAL SCORE _____

Emotions

How well you're able to identify, process, and express a range of emotions in a healthy way.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

The people who know me would say I handle my emotions in a healthy, mature way. _____

I avoid using unhealthy coping mechanisms like alcohol, drugs, or addictive behaviors to deal with my emotions. _____

The way I express my emotions shows respect for myself and others. _____

I feel good about how I manage my emotions and how that affects my relationships. _____

I have a solid, healthy sense of self-confidence. _____

I recognize the early warning signs of depression or anxiety, and I'd feel comfortable seeking help from a trusted person if needed. _____

I'm able to openly share my full range of emotions (happiness, sadness, fear, worry, etc.) with people I trust. _____

I communicate my emotions in a positive way without becoming irritable, critical, or angry. _____

When someone I care about is upset, I listen attentively and provide support. _____

When I'm feeling emotionally overwhelmed, I reach out to others for help and support. _____

TOTAL SCORE _____

Spirituality

Developing a personal value system and finding a sense of meaning, purpose, and inner peace.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

Even if I’m not sure about my future goals, I know my life has meaning and purpose right now. _____

I’m proud of the positive impact I have on the world around me. _____

I’m involved in activities that feel truly meaningful and important to me. _____

I’m able to forgive others, and I also forgive myself when I make mistakes. _____

I take responsibility and seek forgiveness from loved ones when I’ve hurt them. _____

I have regular practices that renew my spirit, help me stay centered, and provide perspective. _____

I’m part of a community that enriches and supports my spiritual/values-based growth. _____

The way I live my life aligns with my core spirituality and personal values. _____

I’m thankful for the good things, people, and experiences in my life. _____

My spiritual beliefs and personal values guide my thoughts, decisions, and daily actions. _____

TOTAL SCORE _____

Rest and Play

Balancing productivity and responsibilities with time for relaxation, hobbies, and fun.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

I usually get enough rest and sleep to feel rejuvenated. _____

I'm satisfied with the amount of time I set aside for fun, healthy activities. _____

I have at least one hobby or interest that renews me, and I make time for it regularly. _____

I'm confident that the way I spend my free time supports my overall well-being. _____

I enjoy participating in recreational activities at school, in my community, or with organizations. _____

I actively look for opportunities to try new, fun experiences that are good for me. _____

My relationship with technology (video games, social media, etc.) is balanced and healthy. _____

When I'm socializing, I avoid situations where alcohol or drugs are present. _____

The friends I spend free time with have a positive influence on me. _____

I use some of my free time for self-reflection and personal renewal. _____

TOTAL SCORE _____

Care for the Body

Cultivating positive habits to support your physical health and energy levels.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

The daily choices I make about food and drink are generally healthy. _____

I feel good about my relationship with food—what, why, and how often I eat. _____

I’m satisfied with the amount of regular physical activity I get. _____

I determine what’s healthy for my body, rather than letting others define that for me. _____

I go to medical checkups and address any health issues promptly. _____

I am comfortable with how I express my sexuality, knowing that my sexual decisions are healthy and safe both physically and emotionally. _____

I show respect and appreciation for my body. _____

My current weight feels healthy and right for me. _____

I’m confident my choices about drugs, alcohol, vaping, and tobacco are serving me well. _____

Most days I get at least 8 hours of quality sleep. _____

TOTAL SCORE _____

Resilience

Your capacity to bounce back from life’s challenges, setbacks, and sources of stress.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

Things happening in my personal life rarely interfere with my focus at school or work. _____

I try to approach life changes and challenges with a positive, hopeful attitude. _____

I feel good about the support I receive from others during difficult times. _____

When faced with a major life challenge, I handle the accompanying stress in healthy ways. _____

I’m able to keep problems and stressors in perspective when they arise. _____

I set realistic, achievable goals for myself. _____

When problems come up, I reach out to others for support instead of keeping it all inside. _____

I manage stress in healthy ways, avoiding self-destructive coping habits. _____

I address any physical symptoms related to stress, like sleep troubles or headaches. _____

I’m coping well with significant life changes, whether expected or unexpected. _____

TOTAL SCORE _____

Organization

Effectively managing your time, money, belongings, and other everyday responsibilities.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

I feel good about how I earn, spend, share, and save my money. _____

I’m consistently on time for school, work, and other commitments. _____

I plan ahead and organize my time to ensure I can get everything done. _____

I balance the different priorities in my life in a way that feels satisfying. _____

I have an effective system for remembering assignments and obligations. _____

My backpack, locker, and personal spaces are organized and easy to navigate. _____

I regularly take time to get myself and my belongings organized. _____

I balance school, social, family, and other commitments in a healthy way. _____

When making decisions about time and money, I consider the needs of others too. _____

Most days I’m able to accomplish the tasks and goals I set for myself. _____

TOTAL SCORE _____

School and Work

Exploring your interests, talents, and future goals related to school, work, and volunteering.

Respond to the following 10 statements with a number between 0–10, based on the following scale. Enter a “10” for any statement that does not apply to you. If filling out on-screen, your total will automatically transfer to your Wellness Compass on page 16. If printing and filling out by hand, transfer the total to your Wellness Compass on page 16.

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

I feel good about my overall involvement and effort in school. _____

I'm personally satisfied with the grades I'm earning. _____

I feel connected to the teachers, coaches, and other adults at my school. _____

My relationships with other students positively impact my school success. _____

My use of technology, social media, and entertainment has minimal negative impact on my academics and activities. _____

I'm confident my school/work performance is positively shaping my future. _____

My choices about alcohol and drugs are not interfering with my learning or activities. _____

I'm exploring potential areas of study or work that interest me for the future. _____

I'm consistently on time for school, jobs, and other commitments. _____

I'm satisfied with how I pay attention, participate, and complete work in my classes, activities, and jobs. _____

TOTAL SCORE _____

Your Wellness Compass Results

Once you've completed all the self-assessments, you'll get to fill in your personal Wellness Compass below.

If you're working digitally, your totals will automatically transfer to the Compass below. Just remember that 0 is at the center, 50 is halfway out, and 100 is at the outer edge.

If you're completing the assessments on paper, you'll manually fill in the Compass below with your scores from each area.

Keep in mind, there are no "good" or "bad" results here—this is simply a snapshot of your well-being in the moment. Think of the Compass like a map of your own "wellness garden." The shaded areas show which parts you've been tending to, and which ones might need a little more care and attention.

Use this visual guide to celebrate your strengths and identify opportunities for growth. There's no right or wrong way to design your personal wellness journey.

