

NAME:

DATE:

Please rate your current position on a scale of 1 to 10 (1= totally unsatisfied - 10 = living the dream)

1 Current job, profession, career	1	2	3	4	5	6	7	8	9	10
2 Most intimate personal relationship	1	2	3	4	5	6	7	8	9	10
3 Family (however you define it)	1	2	3	4	5	6	7	8	9	10
4 Relationship with money and finances	1	2	3	4	5	6	7	8	9	10
5 Physical health, diet and exercise	1	2	3	4	5	6	7	8	9	10
6 Mental health and emotional well-being	1	2	3	4	5	6	7	8	9	10
7 Friends and Community	1	2	3	4	5	6	7	8	9	10
8 Ongoing education, personal and spiritual growth	1	2	3	4	5	6	7	8	9	10
9 Hobbies, fun, travel and enjoyment	1	2	3	4	5	6	7	8	9	10
10 Sleep	1	2	3	4	5	6	7	8	9	10