

Name: _____

HOW IS YOUR LIFE GOING?

Use this 10 point scale (0 = very poor and 10 = very well) to rate how you are doing in these different important areas in your life.

Family: How are you getting along with people in your family? Are you spending fun time with each family member? Do you have basic trust in your family? Are there any ongoing disagreements?

0 1 2 3 4 5 6 7 8 9 10

School/Work: Are you typically successful at school and/or work? Do you get along with teachers or bosses? Are you able to make and achieve goals in school or work?

0 1 2 3 4 5 6 7 8 9 10

Social/Personal: Do you have friendships and personal interests/hobbies? Do you enjoy yourself during times that you have no family, school or work commitments?

0 1 2 3 4 5 6 7 8 9 10

Spiritual: Do you experience a sense of wonder or awe each day? Are you able to focus on something in nature and/or meditate or pray in a meaningful way?

0 1 2 3 4 5 6 7 8 9 10

Financial: Do you feel financially secure? Can you count on your own financial resources to meet your needs? Are you independent of others for maintaining your current life style?

0 1 2 3 4 5 6 7 8 9 10

Low Score: _____

Total Score: _____