



### Quality of Life Checkup

Date

**Step 1: Rate your current level of satisfaction in each area. (10 = Totally Satisfied)**

<b>Health &amp; Fitness:</b> High Quality Food, Self-Care, Exercise	1-10	
<b>Relationships:</b> Friends, Family, Partnerships	1-10	
<b>Money &amp; Finance:</b> Income & Assets, Expenses & Liabilities, Financial Planning	1-10	
<b>Creativity:</b> Creative Expression, Play, Recreation/Entertainment	1-10	
<b>Business &amp; Career:</b> Business Plan, Career Goals, Professional Development	1-10	
<b>Mind &amp; Spirit:</b> Intellectual Development, Reflection, Meditation/Prayer	1-10	
<b>Environments:</b> Home, Work, Vehicle, Community, ...	1-10	