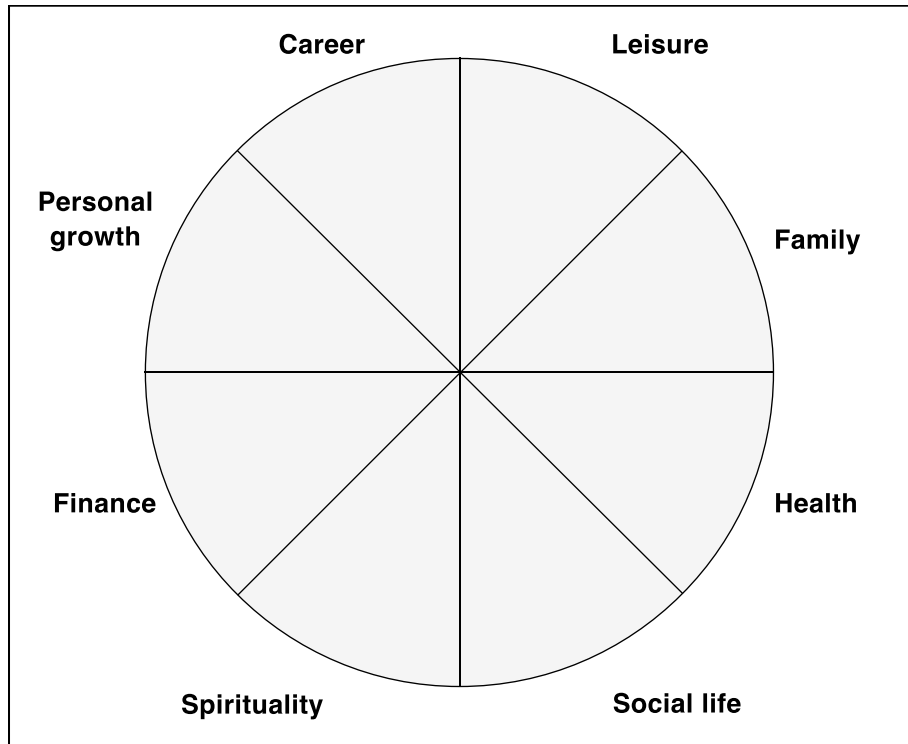


# Wheel of Life Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_



Which areas of your life are the most satisfying?

Which areas of your life are the least satisfying?

Are you satisfied with your life in general?

Do you think your life is balanced? What do you want to change?

Is there anything more you would like to share?

On a scale of 1-10, rate your satisfaction in each of these areas:

Spirituality

Finance

Social life

Personal growth

Health

Career

Family

Leisure