

Life Inventory

Name: _____ Date: _____

Healthy Lifestyle Check		0 Not at all	1 Somewhat	2 Moderately	3 Doing Good	4 Nailing it!
(How are you accomplishing the following, rate from 0 to 4)						
1	I am physically active, I get enough exercise per week (4-6 hours)					
2	I eat several servings of whole grains, veggies, and fruit each day					
3	I eat less than 1 serving per day of high fat and high sugar foods					
4	I have plenty of sleep, at least 7 hours each night					
5	I get out into nature and fresh air regularly					
6	I drink enough water for my urine to be pale or clear					
7	I do deep breathing techniques several times per week (or cardio workouts)					
8	I do not abuse my body - overeating, drugs, smoking, etc.					
9	I do not abuse my mind - overwork, inactivity, negative thinking					
10	I have regular periods of time to de-stress (relax, pray, journal, etc.)					
11	I have forgiven myself and others for past mistakes					
12	I have a circle of friends I can trust and I talk to regularly					
13	I serve others in some way each week					
14	I have a spiritual life - prayer, worship/church, quiet nature time, other					
15	I have at least 5 happy, peaceful days per week and feel emotionally sound.					
16	I am happy with my current goal progress					
17	On days where I experience sadness, anger, frustration, or other negative emotions I am ok with those emotions because they are appropriate.					
Total =						

How Are Your Relationships		0 Very Dissatisfied	1 Dissatisfied	2 Neutral	3 Satisfied	4 Very satisfied
(Write the name of one person's you care about: _____)						
1	Communication					
2	Resolving conflict					
3	Degree of caring and closeness					
4	Overall satisfaction					
Total =						