**Personal Checklist**

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

WORK

True /False

 My work stimulates me

 I am proud of what I do for a living

 I feel appreciated by my colleagues and supervisors

 I respect the people I work with

 I know where my career is heading

 I respond to calls and e-mails within 48 hours

 I don't let paperwork pile up

 I complete my work within reasonable hours

 I manage my time well

 I delegate without guilt

Total # TRUE in this section: \_\_\_\_ /10

FINANCES

 I am satisfied with my income

 I have a budget that I use

 I pay my bills on time

 I know how much I owe and when it will be paid off

 I have an active long-term financial plan

 I am able to reward myself without feeling guilty

 I use my credit card wisely

 I have a current will

 My wallet is uncluttered

 My tax affairs are up to date

Total # TRUE in this section: \_\_\_\_ /10

HOME ENVIRONMENT

 I am happy with my home

 My home is generally clean and tidy

 I surround myself with things that I love

 My home and car are clear of clutter

 I recycle at home

 My personal files are in order and up to date

 My bed supports me having a good night’s sleep

 My bed is always made

 I have photos of loved ones on display

 I am happy with my mode of transport

Total # TRUE in this section: \_\_\_\_ /10

HEALTH & BODY

True /False

 I am happy with my current weight

 I do some form of exercise at least three times a week

 I have a balanced diet including lots of fresh fruits and vegetables

 I don't smoke, and don't drink alcohol excessively

 I drink at least 8 8-ounce glasses of water (2 quarts) every day

 I am up to date with all necessary medical and dental checkups

 I am happy with the sleep I get

 I have appropriate clothes for my work & personal interests

 I have enough energy to do what I want to do

 I feel generally well

Total # TRUE in this section: \_\_\_\_ /10

RELATIONSHIPS

 I am happy with the level of intimacy in my life

 My partner and I respect each other and are equals

 I have close friends in my life

 I make amends easily with people I have had conflicts with

 I trust the significant people in my life

 I am on good speaking terms with my neighbours

 I consider myself to be a good friend

 I see people who are important to me regularly

 My friends & family know how much I care about them

 I am satisfied with my social life

Total # TRUE in this section: \_\_\_\_ /10

PERSONAL

 I like myself

 I have had a birthday party in the last two years

 I have a life outside of my work

 I have enough confidence to do what I want in life

 I take a vacation every year

 I don't lie or exaggerate

 I am comfortable saying no

 People can count on me to do what I say I will do

 I can easily recall the last time I really laughed

 I have a form of creative expression

Total # TRUE in this section: \_\_\_\_ /10

Overall totals for this checklist: \_\_\_\_ /60 \_\_\_\_ %

Strongest area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ %

Weakest area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ %