



Life Score

Name: _____

Date: Q1 Q2 Q3 Q4 20__

HOW SATISFIED ARE YOU with different parts of your life? Circle a number from 1 to 10 next to each of the following areas of life. If you give an item a 1, you are completely dissatisfied with that part of your life. A 10 means you couldn't be happier with this part of your life.

Your overall satisfaction will change from day to day, from life season to life season, but try to give an overall assessment of where you are *at present*.

	Dissatisfied					Satisfied					
Physical Health	1	2	3	4	5	6	7	8	9	10	n/a
Mental / Emotional Health	1	2	3	4	5	6	7	8	9	10	n/a
Career Satisfaction	1	2	3	4	5	6	7	8	9	10	n/a
Confidence with Your Team at Work	1	2	3	4	5	6	7	8	9	10	n/a
Career Growth Potential	1	2	3	4	5	6	7	8	9	10	n/a
Financial Stability	1	2	3	4	5	6	7	8	9	10	n/a
Marriage Relationship	1	2	3	4	5	6	7	8	9	10	n/a
Relationship with Your Kids	1	2	3	4	5	6	7	8	9	10	n/a
Home Life in General	1	2	3	4	5	6	7	8	9	10	n/a
Extended Family Relationships	1	2	3	4	5	6	7	8	9	10	n/a
Health of Those Around You	1	2	3	4	5	6	7	8	9	10	n/a
Friends and Social Life	1	2	3	4	5	6	7	8	9	10	n/a
Recreation Activities	1	2	3	4	5	6	7	8	9	10	n/a
Relaxation Opportunities	1	2	3	4	5	6	7	8	9	10	n/a
Workload Impact on Personal Time	1	2	3	4	5	6	7	8	9	10	n/a
Your Church Community	1	2	3	4	5	6	7	8	9	10	n/a
Spiritual and Faith Health	1	2	3	4	5	6	7	8	9	10	n/a
Ministry Involvement	1	2	3	4	5	6	7	8	9	10	n/a
Creature Comforts (Housing, Car, etc)	1	2	3	4	5	6	7	8	9	10	n/a
Other _____	1	2	3	4	5	6	7	8	9	10	n/a