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**Quality of Life and Values Assessment**

Please review each category and highlight your current level of satisfaction as well as how important that area is to you on a scale of 1 to 10 (1=low, 10=high):

**1. Career/Employment:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**2. Finances:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**3. Health & Wellbeing:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**4. Personal Growth:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**5. Fun & Recreation:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**6. Family Relations:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**7. Marriage/Couples Relations:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**8. Parenting/Pregnancy Planning:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**9. Friendships/Social Relations:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**10. Education/Training:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**11. Spirituality/Religion:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**12. Citizenship/Community Life:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**13. Creativity:**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**14. Physical Environment (Home/Work):**

Current Quality:

Surviving 1 2 3 4 5 6 7 8 9 10 Thriving

Level of Importance:

1 2 3 4 5 6 7 8 9 10

**Assessment Summary:**

Please place down your scores from the Quality of Life and Values Assessment for each area.

There is room at the end to list any other values you feel are important and want to include on this list.

**1. Career/Employment:**

Current Quality (surviving to thriving):

Level of Importance (low to high):

**2. Finances:**

Current Quality:

Level of Importance:

**3. Health & Wellbeing:**

Current Quality:

Level of Importance:

**4. Personal Growth:**

Current Quality:

Level of Importance:

**5. Fun & Recreation:**

Current Quality:

Level of Importance:

**6. Family Relations:**

Current Quality:

Level of Importance:

**7. Marriage/Couples Intimate Relationships:**

Current Quality:

Level of Importance:

**8.** **Parenting:**

Current Quality:

Level of Importance:

**9. Friendships/Social Relations:**

Current Quality:

Level of Importance:

**10. Education/Training:**

Current Quality:

Level of Importance:

**11. Spirituality:**

Current Quality:

Level of Importance:

**12. Citizenship/Community:**

Current Quality:

Level of Importance:

**13. Creativity:**

Current Quality:

Level of Importance:

**14. Physical Environment (Home/Work):**

Current Quality:

Level of Importance:

**Other values?**

If there is a different value or area in your life that you want to focus on in coaching, please list the value, the current quality and the level of importance:

**Value Based Goals:**

**The following items constitute some preliminary information that will assist me in understanding you and your needs. Take as much space as you need; don’t restrict yourself to the space available on this sheet. If you prefer not to respond to any of the items, leave them out. If applicable, we can explore those items at a later date.**

For the two areas that you are most wanting and willing to make a difference in, please answer the following questions as these will guide our coaching plan:

**Priority Area #1:**

Current Quality

Level of Importance

What is the current state of this area in your life?

What will this area of your life look like on your ideal day?

What will this area of your life look like if you reach 50% of your ideal day?

As you achieve results in this area, how will your life feel different from the present?

**Priority Area #2:**

Current Quality

Level of Importance

What is the current state of this area in your life?

What will this area of your life look like on your ideal day?

What will this area of your life look like if you reach 50% of you ideal day?

As you achieve results in this area, how will your life feel different from the present?

**Additional Information:**

1. What habits/activities/thought processes do you believe need to be dropped, simplified or let go of, in order to achieve those results?
2. List five (5) of your personal strengths or assets:
3. List five (5) energy drains that exist in your life at present:
4. List at least five (5) empowering habits that you currently practice or desire to practice (indicate (C) current / (D) desired) (e.g. yoga three times weekly):
5. Who are the key people in your life?
6. Coach's role: What do you expect of me? Please include what does/doesn't work in having someone support you.

**This space is for anything else you would like me to know:**