



# Wheel of Life Assessment Template

\* Required information

**First name \***

**Last name \***

**What's your email? \***

Before we use the Wheel of Life in one of our next sessions, please consider the following areas of your life. For each, please indicate where you currently feel you are at, on a scale from 1-10, 1 being least satisfied, 10 completely satisfied:

**Career:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Money:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Significant Other:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Family & Friends:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Health:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Physical Environment:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Fun & Recreation:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

**Personal Growth:**

1	2	3	4	5	6	7	8	9	10
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**What do you want to create / change in this area of your life?**

