

Current Satisfaction Assessment

Please fill out the following scale to help us assess your **current** situation and determine the most important areas to work on.

Rate each area from 1 – 10, using #1 as the lowest level of satisfaction and #10 as the highest level of satisfaction.

Rate from 1 – 10

Career Significant	_____
Other Family	_____
Friends	_____
Physical Health and Well-Being	_____
Emotional Health and Well-Being Physical	_____
Environment	_____
Finances	_____
Spirituality / Religion	_____
Education / Personal Growth	_____
Fun and Leisure	_____
Lifestyle	_____
Balance in Life	_____