



TALINE YESSAYAN
ELI-MP

Mobile# : +961 3 323 181 (whatsapp#)
E-mail: taline@talineyessayan.com
web: www.talineyessayan.com

Personal Life Assessment

Name: _____

Date: _____

My Goals:

The 3 changes I most want to make in my life are:

1. _____
2. _____
3. _____

What I most want to achieve, and are ready to achieve:

1. _____
2. _____
3. _____

The major changes I experienced in the past two years (i.e. graduation, a new role, change of residence, illness, surgery, relationship breakup, etc.)



Self - Assessment

My Life:

On a scale of 1 - 10 (10 high):

How fulfilled am I with the choices I've made in the last 6 months?

Not Fulfilled - |1|—|2|—|3|—|4|—|5|—|6|—|7|—|8|—|9|—|10| - **Very Fulfilled**

How much stress is in my life right now?

No Stress - |1|—|2|—|3|—|4|—|5|—|6|—|7|—|8|—|9|—|10| - **A Lot of Stress**

What causes me stress:

What am I tolerating in my life right now? (i.e. clutter, car trouble, job dissatisfaction, broken equipment, relationships, finances, etc).



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Self - Assessment

My Self:

What 5 adjectives would someone use to describe me:

At my best

At my worst

What 5 adjectives would I use to describe myself:

At my best

At my worst

What worries me about life?



Self - Assessment

What makes me feel motivated to get up and do something?

Potential and Possibility

My personal and/or professional goals are:

I am going to achieve them by:



Self - Assessment

On a scale of 1 - 10 (10 high),

My quality of life today:

Not good - |1|—|2|—|3|—|4|—|5|—|6|—|7|—|8|—|9|—|10| - **Amazing!**

Notes to self:
