		Unique Number		
Today's date	1 1	Facilitator nan	ne	
	Circle o	of Life Self Assess	ment (PRE)	
			uring the last month. In e way. Please circle your	
P1a. In the last unexpectedly?	month, how often hav	re you been upset bec	ause of something tha	t happened
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P2a. In the last in your life?	month, how often hav	re you felt that you we	re unable to control the	e important things
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P3a. In the last	month, how often hav	ve you felt nervous and	d "stressed"?	
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P4a. In the last problems?	month, how often hav	re you felt confident a	bout your ability to han	dle your personal
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P5a. In the last	month, how often hav	re you felt that things	were going your way?	
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P6a. In the last you had to do?		e you found that you	could not cope with all	the things that
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P7a. In the last	month, how often hav	re you been able to co	ntrol irritations in your	life?
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P8a. In the last	month, how often hav	re you felt that you we	re on top of things?	
0=never	1=almost never	2=sometimes	3=fairly often	4=very often
P9a. In the last your control?	month, how often hav	re you been angered b	ecause of things that v	vere outside of
0=never	1=almost never	2=sometimes	3=fairly often	4=very often

# Circle of Life Self Assessment, continued...

Questions 1-13 ask you about your feelings and thoughts during the last month. In each case, please indicate on this scale how often you felt or thought a certain way. Please circle your chosen number.

P10a. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?											
0=never	1=almost never	2=sometimes	3=fairly often	4=very often							
H11a. In the last month how often has your sleep been less than satisfactory or problematic?											
0=never	1=almost never	2=sometimes	3=fairly often	4=very often							
H12a. In the las	t month, how often hav	ve you been in pain?									
0=never	1=almost never	2=sometimes	3=fairly often	4=very often							
H13a. In the last month how often have you felt you have not had enough energy?											
0=never	1=almost never	2=sometimes	3=fairly often	4=very often							
AREA OF FOCUS What is the area of my life I want to focus on?											

M14a. Please choose the area you are most interested and motivated to focus on at this time. Please check which one you are choosing.

1NUTRITION	7PLAY/CREATIVITY
2 EXERCISE	8 HEALTH CARE
3 STRESS MASTERY	9 ENVIRONMENT
4 RELATIONSHIPS	10 LIFE PURPOSE
5 FINANCES	11 SELF ESTEEM
6. WORK	12. SPIRITUALITY

M15a. Now consider how satisfied you are in this area and score it by circling a number on the scale.

0	1	2	3	4	5	6	7	8	9	10
As diss as I cou									As satis as I co	

Circle of Life Self Assessment, continued...

### CHALLENGES

M16a. How long (either constantly or on and off) have you had challenges in the area you chose to focus on? Please circle:

0 - 4 weeks	4 - 12 weeks	3 months - 1 year	1 - 5 years	over 5 years
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GENERAL WELL-BEING

Thinking back over the month...

M17a. Taking into account your physical, mental, emotional, social, and spiritual condition, please rate how well you feel on the following scale.

worst you												best you
have ever	I	<u> </u>	I	I	۱	I	<u> </u>	I	I	I	L.	have ever
been												been

#### **MEDICATIONS**

M18a. Please write the number of kinds of medications (prescription and over the counter) you currently take daily, if any \_\_\_\_\_

M19a. Has your need for medications (prescription and over the counter) changed in the last month? Please mark your answer on the following scale:

Decreased I	I	I	اا		l	I	I	I	I	I Increased
				No Cł	nange					

## GOALS

M20a. Do you have clear goals and a specific action plan to meet your goals?

Check One: Yes No

M21a. Please rate where you feel you are in the process of working on your goals at this time:

0	1	2	3	4	5	6	7	8	9	10
Not work on it	ing				Progressing Forw					Completed Fulfilled

Adaptations of MYMOP: Measure Yourself Medical Outcome Profile and PSS: Perceived Stress Scale vAug2008 Circle of Life Self Assessment, continued...

# PERSONAL COMMENTS

22a. Do you feel you are as self-directed and empowered in yo	our life as you wou	uld like to be?	
	Check One:	Yes	No
23a. Do you feel you are as effective as you would like to be a	t work?		
Check One:	N/A	Yes	No
24a. Da yay faal yay managa yayr life'a atraasaa aa wall aa ya	www.ud.lika.ta2		
24a. Do you feel you manage your life's stresses as well as yo	Check One:	Yes	No
	Check One.	103	NO

25a. What are one or two of your most important goal/s at this time?

26a. What is the most challenging part or aspect of your life currently?

27a. (no question)

28a. If there is anything else that you think is important that might be affecting your progress in fulfilling your goals, such as significant life changes (eg. moving, health issue, job change, loss of loved one, etc) please write it here: