

Today's date _____ / _____ / _____

Facilitator name _____

Circle of Life Self Assessment (PRE)

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.

P1a. In the last month, how often have you been upset because of something that happened unexpectedly?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P2a. In the last month, how often have you felt that you were unable to control the important things in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P3a. In the last month, how often have you felt nervous and "stressed"?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P4a. In the last month, how often have you felt confident about your ability to handle your personal problems?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P5a. In the last month, how often have 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 month, how often have you found that you could not cope with all the things that you had to do?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P7a. In the last month, how often have you been able to control irritations in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P8a. In the last month, how often have you felt that you were on top of things?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P9a. In the last month, how often have you been angered because of things that were outside of your control?

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 last month, how often have 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.

- | | |
|-----------------------|------------------------|
| 1. ___ NUTRITION | 7. ___ PLAY/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 dissatisfied as I could be					As satisfied as I could be					

Unique Number _____

Circle of Life Self Assessment, continued...

PERSONAL COMMENTS

22a. Do you feel you are as self-directed and empowered in your life as you would like to be?
Check One: Yes No

23a. Do you feel you are as effective as you would like to be at work?
Check One: N/A Yes No

24a. Do you feel you manage your life's stresses as well as you would like to?
Check One: Yes 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: