

How are you doing?

Looking back *over the last week*, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Health

(Eating, sleeping, energy)

I-----I

Overall

(General sense of well-being)

I-----I

Check the box next to the areas you want to focus your time on understanding or improving.

- | | | |
|---|---|---|
| <input type="checkbox"/> Relationships/Family | <input type="checkbox"/> Anxiety/Tension | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Sleeping/Eating | <input type="checkbox"/> Finances | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Mood/Emotions | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Trauma/Abuse | <input type="checkbox"/> Psychiatric Symptoms |
| <input type="checkbox"/> Work/School | <input type="checkbox"/> Spirituality | <input type="checkbox"/> Past Issues |
| <input type="checkbox"/> Attention/Memory | <input type="checkbox"/> Existential Issues | <input type="checkbox"/> Others: |

Initials: _____ Date: / /2009