



Quality of Life Assessment

This assessment tool will help evaluate the personal strengths and stresses in your business and personal life. It can provide remarkable insight, and the answers can form the basis for a powerful stress control plan.

It includes forty categories about activities and situations in your business and personal life. It's important to remember that this evaluation is unique, individual, and personal. There are neither right nor wrong answers, and it's not designed to compare yourself with anyone else.

These forty items will help you to identify the invisible, stressful weights you carry. When you know what they, you can do something about them. You'll also identify the strengths in your life that already help you lighten your stress load and be further strengthened.

Evaluate and then rank them on a scale of 1 to 9. A rating of 1 represents the most stressful response, and 9 represents the least stressful response. Mark only one response per item. If a particular question does not pertain to you, leave it blank. If you feel neutral about the category, circle the number 5.

The results will be most accurate if you answer quickly and honestly with the first gut-level response that comes to mind.

1. GAME PLAN FOR CAREER/WORK

often meets expectations

usually meets expectations

1 2 3 4 5 6 7 8 9

2. GAME PLAN FOR PERSONAL LONG-TERM/SHORT-TERM ASPIRATIONS AND DEVELOPMENTS

Have not reached many goals
often feel unsuccessful

Have reached many goals
usually feel successful

1 2 3 4 5 6 7 8 9

3. HEALTH

often ill

usually well

1 2 3 4 5 6 7 8 9

4. PRIMARY RELATIONSHIP (spouse, companion, significant other)

Not going well

going well

1 2 3 4 5 6 7 8 9

5. TIME SPENT WITH MY PRIMARY RELATIONSHIP (away from home, alone, and non-business)

Rare
(less than one per year)

Frequent
(six or more per year)

1 2 3 4 5 6 7 8 9

6. RELATIONSHIP WITH CHILD/CHILDREN

Unrewarding

Rewarding

1 2 3 4 5 6 7 8 9

7. RELATIONSHIP WITH PARENTS

Unrewarding

Rewarding

1 2 3 4 5 6 7 8 9

8. RELATIONSHIPS AT WORK (co-workers, boss, others)

Fraught with discord

Usually harmonious

1 2 3 4 5 6 7 8 9

9. SOCIAL RELATIONSHIPS WITH FRIENDS, NEIGHBORS, GROUPS, AND OTHERS

Non-existent
I feel distant

Strong
I feel close

1 2 3 4 5 6 7 8 9

10. RELIGIOUS AND SPIRITUAL SUPPORT

Non-relevant

Essential

1 2 3 4 5 6 7 8 9

11. SOURCE OF APPROVAL/VALIDATION

External
people pleaser

Internal
self-assured

1 2 3 4 5 6 7 8 9

12. PETS

Problematic

Either satisfying or
I don't need them

1 2 3 4 5 6 7 8 9

13. HOBBIES/OUTSIDE INTERESTS

Unsatisfactory or
nonexistent

Satisfactory

1 2 3 4 5 6 7 8 9

14. TIME MANAGEMENT/CIRCUIT OVERLOAD

Never enough hours
In the day

Time well paced

1 2 3 4 5 6 7 8 9

15. NEIGHBORHOOD

Unpleasant and dangerous

Comfortable and safe

1 2 3 4 5 6 7 8 9

16. THE TELEPHONE

Often hampers
my effectiveness

Not a problem

1 2 3 4 5 6 7 8 9

17. COMMUTING/BUSINESS TRAVEL

Burdensome

Reasonably pleasant

1 2 3 4 5 6 7 8 9

18. PHYSICAL WORK ENVIRONMENT

Noisy, hazardous,
a nightmare

Safe and pleasant

1 2 3 4 5 6 7 8 9

19. FINANCES

Out of control

Manageable

1 2 3 4 5 6 7 8 9

20. MAJOR LIFE CRISIS IN THE PAST SIX MONTHS

One or more devastating crisis

Smooth sailing

1 2 3 4 5 6 7 8 9

21. RELAXATION/MEDITATION

Not helpful

Beneficial

1 2 3 4 5 6 7 8 9

22. CAREER / JOB MATCH

Mismatch

Good match

1 2 3 4 5 6 7 8 9

23. HUMOR/FUN/PLAY

Who has time?

The stuff of life

1 2 3 4 5 6 7 8 9

24. INTERPERSONAL COMMUNICATION

I tend to talk
more than I listen

I tend to listen
more than I talk

1 2 3 4 5 6 7 8 9

25. EXERCISE

Couch potato

Irregular

Regular

1 2 3 4 5 6 7 8 9

26. SLEEP

Often a problem

Rarely a problem

1 2 3 4 5 6 7 8 9

27. BODY WEIGHT

A problem

Not a problem

1 2 3 4 5 6 7 8 9

28. ALCOHOL CONSUMPTION

More than eight ounces per day

Two ounces per day
(two beers, two glasses
of wine) or less.

1 2 3 4 5 6 7 8 9

29. CAFFEINATED BEVERAGES (coffee, tea, cola)

More than five per day

Three per day

None

1 2 3 4 5 6 7 8 9

30. TOBACCO

Ten or more cigarettes
per day

Never smoked or have
not smoked for 3 + years

1 2 3 4 5 6 7 8 9

31. DEGREE OF CONTROL

I am invisibly entrapped

I have adequate options

1 2 3 4 5 6 7 8 9

32. DECISION-MAKING

Cannot make
decisions easily

Make most
decisions easily

1 2 3 4 5 6 7 8 9

33. PERFECTIONISM

Things should always
be done right

I do the best that I can

1 2 3 4 5 6 7 8 9

34. TENDENCY TOWARD OPTIMISM / PESSIMISM

Whatever can go wrong will

Most things work out

1 2 3 4 5 6 7 8 9

35. FEELINGS OF GUILT AND/OR SHAME

Frequently

Infrequently

1 2 3 4 5 6 7 8 9

36. ASSERTIVENESS

I rarely say what I think

I usually say what I think

1 2 3 4 5 6 7 8 9

37. ADAPTABILITY/FLEXIBILITY - PERSONAL/PROFESSIONAL

It is hard to change a plan

It is easy to change a plan

1 2 3 4 5 6 7 8 9

38. ANGER

I am often angry

I take most things in stride

1 2 3 4 5 6 7 8 9

39. SELF-ESTEEM

Often I feel unsure about myself

I feel good about who I am

1 2 3 4 5 6 7 8 9

40. VALUES AND PRINCIPLES BY WHICH I LIVE

Not always clear -
changeable

Very clear and
stable

1 2 3 4 5 6 7 8 9

*This questionnaire will help you assess your health status. It is not meant as a replacement for a physician's care.
The answers will help you focus your attention on specific areas of need.*