

NAME: _____

DATE: _____



TRANSFORM YOURSELF

Wellbeing Evaluation

HEALTHY BODY

	BAD		POOR		FAIR		GOOD		OPTIMUM	
Weight Status	1	2	3	4	5	6	7	8	9	10
Eating Habits	1	2	3	4	5	6	7	8	9	10
Physical Activity	1	2	3	4	5	6	7	8	9	10
Sleeping	1	2	3	4	5	6	7	8	9	10
Relaxation	1	2	3	4	5	6	7	8	9	10
Safe & Healthy (work/home/play)	1	2	3	4	5	6	7	8	9	10

Score: ____/60

HEALTHY MIND

	BAD		POOR		FAIR		GOOD		OPTIMUM	
Most Relationships	1	2	3	4	5	6	7	8	9	10
Attitude at Work	1	2	3	4	5	6	7	8	9	10
Meaning & Purpose	1	2	3	4	5	6	7	8	9	10
Spirituality Time	1	2	3	4	5	6	7	8	9	10
Community Service	1	2	3	4	5	6	7	8	9	10
Hobbies/Fun	1	2	3	4	5	6	7	8	9	10

Score: ____/60



HEALTHY FINANCES

	BAD		POOR		FAIR		GOOD		OPTIMUM	
Abundance	1	2	3	4	5	6	7	8	9	10
Resources to Minimize Stress	1	2	3	4	5	6	7	8	9	10
Money Management	1	2	3	4	5	6	7	8	9	10
Money to Do What You Want	1	2	3	4	5	6	7	8	9	10
Resources to Create Memories/ Experiences	1	2	3	4	5	6	7	8	9	10
Community Contribution	1	2	3	4	5	6	7	8	9	10

Score: ____/60

WHERE ARE YOU NOW?

	BAD	POOR	FAIR	GOOD	GREAT	OPTIMUM
Physical Health	10	20	30	40	50	60
Mental Health	10	20	30	40	50	60
Financial Health	10	20	30	40	50	60

What Was Your Cumulative Score?

	FAILING	POOR	SURVIVING	ABOVE AVERAGE	THRIVING	OPTIMUM
Overall Well-Being	30	60	90	120	150	180

