Life Satisfaction Scorecard

Crossroads Community Services

Date: _____

Name: _____

1. If you were to give a SCORE out of 10 for how SATISFIED you are with your life overall?

_____ / 10

2. If you were to give a SCORE out of 10 for how much FUN you are having in life?

_____ / 10

3. If you were to give a SCORE out of 10 for how HAPPY you are in your current CAREER?

_____ / 10

4. If you were to give a SCORE out of 10 for how overwhelmed, BUSY or cluttered you currently feel?

_____ / 10

5. I like myself:

--5 ←——————————————— 0 ———————————————→ +5

(please put an X on the line to correspond with how much you like yourself on a scale of -5 to +5)

6. What is your FAVOURITE thing in your life at the moment? (like best)

_____

7. What could be IMPROVED in your life at the moment? (like least)

_____

8. I am looking: *(please tick all that apply)*

- ❒ For More Meaning/Purpose in Life
- ❒ For More Fulfilment/Happiness in Life
- ❒ For More Ease/Simplicity or Balance in Life
- ❒ For More Freedom and/or Inner Peace in Life
- ❒ To Change or Move Forwards in my Career
- ❒ To Achieve my Goals Faster/More Easily
- ❒ To Learn to Trust Myself More/Be My Authentic Self
- ❒ Other *(If there was something you haven't mentioned yet, what would it be?)* _____

9. I am ready to take ACTION and make changes in my environment, habits and life

Maybe / Yes / No *(please circle)*