

QUICK WELL-BEING INVENTORY
Counseling and Relationship Center of Murfreesboro

Rate the following statements from 0 = "oh no!" TO 10 = "yes that's me."
Use a timeline of "right this minute."

1. TIME MANAGEMENT: I manage my time effectively and feel that my schedule is tolerable. I have time for work, family, friends and interests. _____
2. PROFESSIONAL: I feel well trained and supported in my job. I believe that my position is stable. I feel secure. I get pleasure from my work. _____
3. STRESS: I am self-aware of when stressors are getting to me and practice self-care and take corrective measures when needed. _____
4. EMOTIONS: I am not suffering from depression, anxiety or grief. I do not rely on drugs or alcohol to help me cope. I see a professional when necessary. My sense of humor is intact. _____
5. PHYSICAL: I get adequate amounts of physical exercise and eat foods known to be nourishing and healthy. I get enough restful sleep so that I am not fatigued. I see a physician regularly and when needed. If I have chronic illness, I feel that I am managing it effectively. _____
6. RELATIONSHIPS: I have an open and effective communication style with friends and family. My personal relationships are mutually satisfying. I do not have lingering issues which need to be resolved. I am able to obtain support when needed. _____
7. LEISURE LIFE BALANCE: I have adequate time to pursue pleasurable and recreational activities. I spend time in non-professional pursuits and gain satisfaction from them. _____
8. BOUNDARIES: I am able to distance myself from my work. I am not overly preoccupied or obsessed with work when I am away from my workplace. I maintain a personal identity separate from my professional one. _____
9. GENERAL WELL-BEING: I have a high level of self-esteem. I feel in control of my life and feelings. I am satisfied with where I am and live daily with no regrets. _____
10. RESPONSIBILITIES: I am able to assert myself and set limits. I am able to share and delegate when needed. I do not say "yes" when I don't want to or let other people guilt me into taking on more. _____

The purpose of this assessment is to provide you with a tool to gage your well-being and to provide assurance that you are on track regarding self-care. It is suggested that you take this assessment weekly for a month twice a year or whenever you are feeling overwhelmed or stressed. It can help you identify areas you may need to work on or that you may need help with. Call if we can help you get back on track 615-848-0065 or 615-414-2547.

Our goal is to help you love your life.