**CREATING FULFILLMENT IN YOUR LIFE**

In our work together, my goal is to support and empower you to create

more fulfillment in your life. Please fill out the following scale to help

assess your current situation and determine the most important areas to

work on.

**Current Satisfaction Assessment**

Rate each area from 1 – 10 using # 1 as the lowest level of satisfaction and

# 10 as the highest level of satisfaction.

*Rate from 1 – 10*

Career \_\_\_\_\_\_\_\_

Significant Other \_\_\_\_\_\_\_\_

Family \_\_\_\_\_\_\_\_

Friends \_\_\_\_\_\_\_\_

Physical Health and Well Being \_\_\_\_\_\_\_\_

Emotional Health and Well Being \_\_\_\_\_\_\_\_

Physical Environment \_\_\_\_\_\_\_\_

Finances \_\_\_\_\_\_\_\_

Spirituality/Religion \_\_\_\_\_\_\_\_

Education/Personal Growth \_\_\_\_\_\_\_\_

Fun and Leisure \_\_\_\_\_\_\_\_

Lifestyle \_\_\_\_\_\_\_\_

Balance in Life \_\_\_\_\_\_\_\_

Describe in more detail 1 - 5 areas you’d most like to focus on.

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5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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If you could create the results you desired in these 1 - 5 areas, what

specifically would you like to achieve in the next 90 days?

What would you have to do or change to make these things happen in the

next 90 days.

As a therapist, how can I best support you to achieve your goals?