

# Life Aspects Review

	Couldn't be Worse	Satisfaction Level	Couldn't be Better	Likely Action		
				Leverage Strength	Minor Tuning	Change Needed
SELF		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUPLE		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDS		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consider each aspect of your life. On each bar place an "N" (now) in a position that reflects your satisfaction with that aspect now. Place an "X" on your desired future satisfaction. In the boxes on the right, indicate which action is most appropriate. In the lines below each aspect, note priority of the item and any other comments you.



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	Couldn't be Worse	Couldn't be Better	Leverage Strength	Minor Tuning	Change Needed
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

