
Lifestyle Balance Worksheet

Instructions: Answer the following questions to help you determine how balanced your life is currently. Then review your answers. Identify two out-of-balance areas that you want to change. Write a plan for change in each area.

1. Physical:

- Are you in good health? Yes No
Do you exercise regularly? Yes No
Do you follow a reasonable diet? Yes No
Do you take good care of your appearance? Yes No
Do you get sufficient rest and sleep? Yes No
Do you get regular medical and dental checkups? Yes No
Do you have strategies to handle cravings to use substances? Yes No

2. Mental/emotional:

- Are you experiencing excessive stress? Yes No
Do you worry too much? Yes No
Do you have strategies to reduce mental stress? Yes No
Are you able to express your feelings to others? Yes No
Do you suffer from serious depression or anxiety? Yes No

3. Intellectual:

- Are you able to satisfy your intellectual needs? Yes No
Do you have enough interests to satisfy your intellectual curiosity? Yes No

4. Creative/artistic:

- Do you regularly participate in creative or artistic endeavors? Yes No
Do you have talents or abilities that you think are not being used as much as you would like? Yes No

5. Family:

- Are you generally satisfied with your family relationships? Yes No
Do you spend enough time with your family (especially your children, if you have any)? Yes No
Can you rely on your family for help and support? Yes No

6. Personal relationships:

- Are you generally satisfied with the quantity and quality of your personal relationships? Yes No
Do you have friends you can depend on for help and support? Yes No
Are you able to express your ideas, needs, and feelings to others? Yes No
Are there any specific relationships in which you have serious problems? Yes No

7. Spiritual:

- Is there enough love in your life? Yes No
Do you pay enough attention to your "inner" spiritual life? Yes No
Do you feel a sense of inner peace? Yes No

8. Work or school

- Are you usually satisfied with your work or school situation? Yes No
Do you spend too much time or effort working? Yes No
Do you spend too little time or effort working? Yes No

9. Financial:

- Do you have sufficient income to meet your expenses? Yes No
Are you having any serious financial problems (e.g., too much debt, no savings, etc.)? Yes No
Do you handle your money responsibilities with an eye to the future? Yes No
Does money play too big a role in your life? Yes No

Out-of-balance area:

My change plan:

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My change plan: