

HEALTH & WELL-BEING ASSESSMENT

1. What areas of your emotional, physical & spiritual health do you need to feel & perform at your best every day?
 - A.
 - B.
 - C.

2. What routines or rituals do you perform daily that are valuable to your well-being?
 - A.
 - B.
 - C.

3. What people & places are available to you right now, that help you to be accountable to your well-being?
 - A.
 - B.
 - C.

4. What actions are you committed to taking monthly, weekly & daily that are an absolute MUST to your well-being?
 - A.
 - B.
 - C.