



## Personal Inventory Worksheet

Date: \_\_\_\_\_

What is your greatest fear? \_\_\_\_\_

How are you feeling (mentally, physically)? \_\_\_\_\_

\_\_\_\_\_

### First word that comes to mind regarding...

your body \_\_\_\_\_ your health \_\_\_\_\_

your social life \_\_\_\_\_ your relationships \_\_\_\_\_

your finances \_\_\_\_\_ your home \_\_\_\_\_

your career/job \_\_\_\_\_ your well-being \_\_\_\_\_

your life in general \_\_\_\_\_

### Complete the following:

I want to....

feel \_\_\_\_\_

change \_\_\_\_\_

connect with \_\_\_\_\_

learn \_\_\_\_\_

believe \_\_\_\_\_