

Life Assessment Form

This form is a sacred mirror — a space to honor your progress, recognize areas for continued healing, and celebrate who you are becoming. Please answer from a place of honesty and self-compassion. There are no right or wrong responses here.

Client Name: _____ Date: _____

On a scale of 1-10, how would you rate the following? (1 = very low, 10 = very high)

1. Mental & Emotional Well-Being

Emotional Resilience: _____

Self-Awareness: _____

Ability to Regulate Emotions: _____

Frequency of Negative Self-Talk: _____

Feeling Safe to Express Emotions: _____

Inner Peace: _____

Capacity to Forgive Yourself and Others: _____

2. Self-Worth & Identity

I believe I am worthy of love and belonging: _____

I know who I am beyond my roles and pain: _____

I speak to myself with kindness and compassion: _____

I have clear boundaries that honor my needs: _____

I feel confident in my ability to make aligned choices: _____



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On a scale of 1-10, how would you rate the following? (1 = very low, 10 = very high)

3. Spiritual Alignment

I feel connected to a higher power, source, or divine love: _____

I trust my intuition and inner guidance: _____

I incorporate stillness or spiritual practices regularly: _____

I feel supported on my healing journey: _____

I sense deeper meaning or purpose in my life: _____

4. Relationships

I attract healthy, reciprocal relationships: _____

I can identify and release codependent patterns: _____

I communicate my needs with clarity and confidence: _____

I honor my inner child in relationships: _____

I feel safe being my authentic self with others: _____



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On a scale of 1-10, how would you rate the following? (1 = very low, 10 = very high)

5. Nervous System & Body Awareness

I feel grounded and calm in my body: _____

I notice early signs of stress or overwhelm: _____

I practice techniques to soothe my nervous system: _____

I respect and listen to my body's cues: _____

I experience moments of true rest and stillness: _____

REFLECTIVE PROMPTS

What has shifted for me over the past 6 months? _____

What am I most proud of? _____

What is still healing or growing? _____

What surprises me about myself? _____

What support would help me maintain momentum? _____



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INSTRUCTIONS & INTERPRETING RESULTS

Client Name: _____ Date: _____

Complete the form in its entirety and either email or text the completed form to
Realistic Health and Beauty.

Email: barb@realistichandbeauty.com

Text: (612) 223-4849

Each section reflects a key area of healing and personal growth. Once scores are filled in, we can Calculate Section Averages. Then we will group the scores by section and calculate the average for each category:

1. Mental & Emotional Well-Being (7 questions)

Average = (Sum of all 7 scores) ÷ 7

This shows your emotional regulation, inner peace, and resilience.

2. Self-Worth & Identity (5 questions)

Average = (Sum of all 5 scores) ÷ 5

This reveals your sense of self-worth, confidence, and identity beyond roles/pain.

3. Spiritual Alignment (5 questions)

Average = (Sum of all 5 scores) ÷ 5

This reflects spiritual connection, intuition, and sense of purpose.

4. Relationships (5 questions)

Average = (Sum of all 5 scores) ÷ 5

This shows the health of interpersonal dynamics and communication.

5. Nervous System & Body Awareness (5 questions)

Average = (Sum of all 5 scores) ÷ 5

This indicates how embodied, regulated, and physically present you feel.

When then will identify:

- Which category has the highest average score as this may show an area of strength or recent growth.
- Which category has the lowest score as this could indicate where you may benefit from focused support or healing.
- Are there any individual items with a very low score (1-3) as these often highlight specific patterns or wounds worth exploring in more depth.

