Life Audit

CLIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Date: _____ dd / mm / yyyy

Introduction - A life audit is a structured process that helps you reflect on different aspects of your life, assess your current satisfaction, and set meaningful goals. This tool is designed to help you achieve a healthier work-life balance while ensuring professional fulfillment and personal well-being.

REFLECTION ON LIFE CATEGORIES

Instructions: Identify key areas in your life and rate your satisfaction on a scale of 1 (very dissatisfied) to 10 (very satisfied).

Career and professional growth - Satisfaction score:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Career and professional growth - Notes (current status and challenges):

Finances and financial stability - Satisfaction score:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Finances and financial stability - Notes (current status and challenges):

Mental and emotional well-being - Satisfaction score:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Mental and emotional well-being - Notes (current status and challenges):

Physical health and wellness - Satisfaction score:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Physical health and wellness - Notes (current status and challenges):

Work-life balance - Satisfaction score:

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Work-life balance - Notes (current status and challenges):

Family - Satisfaction score:

1 2 3 4 5 6 7 8 9 10

Family - Notes (current status and challenges):

Friendships and social life - Satisfaction score:

1 2 3 4 5 6 7 8 9 10

Friendships and social life - Notes (current status and challenges):

Adventure, travel, and leisure - Satisfaction score:

1 2 3 4 5 6 7 8 9 10

Adventure, travel, and leisure - Notes (current status and challenges):

Home and living environment - Satisfaction score:

1 2 3 4 5 6 7 8 9 10

Home and living environment - Notes (current status and challenges):

CORE VALUES AND PRIORITIES

Instructions: Reflect on your core values and how they align with your personal and professional life.

a. What are your top five values (e.g., integrity, compassion, work-life balance, growth, stability)?

b. Are your daily actions aligned with these values? If not, what changes are needed?

ENVISIONING YOUR "LEVEL 10 LIFE"

Instructions: Imagine what a perfect 10/10 life looks like in each category. Write down your ideal scenario.

a. What does a fulfilling career look like to you?

b. How do you ideally manage work-life balance?

c. What habits contribute to your ideal physical and mental well-being?

EVALUATION AND ANALYSIS

Instructions: Identify the gaps between your current situation and your ideal life.

a. Pros and cons: List the strengths and challenges.

b. Patterns and gaps: What areas require the most improvement?

GOAL SETTING AND PRIORITIZATION

Instructions: Set specific, measurable, achievable, relevant, and time-bound (SMART) goals for each category.

Career and personal growth Goal:

Career and personal growth Deadline: _____

Career and personal growth Action steps:

Work-life balance Goal:

Work-life balance Deadline:

Work-life balance Action steps:

Mental and emotional well-being Goal:

Mental and emotional well-being Deadline:

Mental and emotional well-being Action steps:

Physical health and wellness Goal:

Physical health and wellness Deadline:

Physical health and wellness Action steps:

Financial stability Goal:

Financial stability Deadline:

Financial stability Action steps:

Relationships Goal:

Relationships Deadline: _____

Relationships Action steps:

VISUALIZATION TOOLS

a. Wheel of life: Draw a circle and divide it into life categories. Shade each section based on satisfaction levels.

b. Vision board: Create a collage of images and words representing your ideal future.

REGULAR REVIEW AND ADJUSTMENTS

Instructions: Life is dynamic, and your goals may change over time. Set a schedule to review and adjust your life audit.

a. Next review date: _____ dd / mm / yyyy

b. Area(s) for future consideration:

Additional notes - Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Healthcare professional Name: _____ License ID number: _____

Healthcare professional Signature:

Healthcare professional Date: _____ dd / mm / yyyy