**Personal Inventory Worksheet**

*Taking Personal Inventory -*

Personal Inventory = measure of where you are today.

Let’s say you decided to visit Orlando, Florida and go to Disney World, but you had never been there before. If you were to call and ask directions, what is the first thing they would ask you?

So we must know where we are before we can decide how to get where we are going. Unfortunately, this step is often missed by people who want to be successful. You might know where you want to go (though most people really are not all that sure), but you haven’t been willing to take the time to see where you are now. This basic step cannot be ignored.

The starting point – a general inventory first, then a look at different areas of your life.

**General Personal Inventory**

What things are going well for me right now?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What things are difficult for me right now?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are my strengths?  (What am I good at?)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What are my weaknesses?  (What am I not so good at?)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
What are my three most important projects?

Who are the three most important people in my life?

What are my top three goals? (Long or short term)

What three habits would you like to develop?

Financial Inventory  Date: ______________________

My current monthly income is: $____________________

My income sources are:

My total assets are: $___________________________________

My total liabilities are: $_________________________________

My total net worth (assets – liabilities) is:  $______________________

I have $______________ set aside for retirement

I save or invest $_______________ per month.

The status of my bills is: ____ All Current ____ Occasionally behind
Almost always late

I enjoy my job/career  ____ Tremendously  ____ Most of the time  ____ Never

What am I tolerating in this area that I no longer wish to tolerate?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physical/Health          Date: ______________________

My current weight is: ______________  My ideal weight is: ______________

My last complete physical was _________________________________

I have the following health conditions:

Overall rating for my current health status:

____ Excellent  ____ Good  ____ Fair  ____ I’m a wreck

I sleep:  ____ Very well most nights  ____ Pretty well most nights

_____ OK  ____ I don’t sleep well

My diet rating is:  ____ Healthy  ____ Good  ____ Fair  ____ Awful

I exercise:  ____ Consistently  ____ Inconsistently  ____ Sometimes

_____ Never

What am I tolerating in this area that I no longer wish to tolerate?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Mental, Social and Spiritual     Date: ______________________

I volunteer at the following organizations: ____________________

____________________________________________________________________________________
I would describe my circle of friends as: ____ Extensive ____ Stimulating
____ Satisfactory ____ Supportive ____ Limiting ____ Nonexistent

I’m currently studying the following things:
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

I want to earn the following degrees or credentials:
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

I have a mission statement that reflects my values: ___ Yes ___ No

I meditate or have quiet time ____ Regularly _____ Sometimes ____ Never

What am I tolerating in this area that I no longer want to tolerate?
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Family and Home

My relationship with my spouse or significant other is:
___ Extremely happy ___ Very happy ____ Happy ____ Unhappy

My relationship with my children is:
___ Extremely happy ___ Very happy ____ Happy ____ Unhappy

My relationship with my parents is:
___ Extremely happy ___ Very happy ____ Happy ____ Unhappy

My relationship with my siblings is:
___ Extremely happy ___ Very happy ____ Happy ____ Unhappy

My relationship with my co-workers is:
___ Extremely happy ___ Very happy ____ Happy ____ Unhappy

How I feel about my home is: _____ I love my home _____ I’m happy with it
_____ It’s OK  _____ I’m unhappy with it

I vacation ____________ weeks per year.

What am I tolerating in this area that I no longer wish to tolerate?

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________