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| **WELLNESS QUESTIONNAIRE - LIFE BALANCE** |
| On a Scale of 1 to 10 please rate from bad to good i.e., if it is very poor  |
| I would rate 1 or 2 and if it is very good, I would rate 8 or 9 and so on |
| **I MAINTAIN A COMFORTABLE BALANCE BETWEEN WORK, FAMILY, FRIENDS AND SELF?** |
| **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** |
| **WHERE DO YOU FEEL YOU WOULD LIKE MORE BALANCE: WORK, FAMILY, FRIENDS, SELF?** |
|  |
| **ON A SCALE OF 1 TO 10 HOW READY ARE YOU TO MAKE CHANGES** **OR IMPROVEMENTS TO YOUR SLEEP AND STRESS LEVELS AT THIS TIME?** |
| **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** |
| **ON A SCALE OF 1 TO 10 HOW IMPORTANT IS IT THAT YOU CAN MAKE** **CHANGES OR IMPROVEMENTS IN YOUR SLEEP AND STRESS LEVELS AT THIS TIME?** |
| **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** |
| **ON A SCALE OF 1 TO 10 HOW CONFIDENT ARE YOU THAT YOU CAN MAKE** **CHANGES OR IMPROVEMENTS IN YOUR SLEEP AND STRESS LEVELS AT THIS TIME**? |
| **1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** |