




Quality of Life Checklist




Identify areas needing your attention by checking all items you agree with and reflecting on the empty ones

BODY (PHYSICAL WELLNESS AND HEALTH):

-  I feel **healthy** and **free from discomfort** in my body
-  I **sleep well** and wake up rested
-  I have the **energy** I need every day
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Use this space to add what's vital for *your* well-being, such as balanced nutrition or regular physical activity

MIND (PSYCHOLOGICAL WELL-BEING AND RESILIENCE):

-  I can **focus** on tasks easily
-  I feel good about **who I am**
-  I can **handle stress** and **difficult emotions**
-




Add whatever improves your quality of life, such as having a sense of purpose, enjoying your daily activities, etc.

PEOPLE (MEANINGFUL CONNECTIONS WITH OTHERS):

-  I'm happy with my **friendships** and **relationships**
-  I have people who **support** me when I need it
-  I can **talk** to others **easily**
-

Add anything that contributes to your social well-being and a sense of belonging, such as loving relationships

SURROUNDINGS (COMFORTABLE ENVIRONMENT):

-  I feel **safe** and **secure** in my daily life
-  I'm **happy** with **where I live** and **spend my time**
-  I have access to the **resources** I need
-

Add things like opportunities to learn new skills, or access to recreation and leisure activities

THINGS I WANT TO IMPROVE IN MY LIFE STARTING TODAY:

1. _____
2. _____