

Well-being Assessment

Category 1: Emotions

	<u>Circle Level of Current Experience</u>									
Anxiety, Worry.....	1	2	3	4	5	6	7	8	9	10
Panic.....	1	2	3	4	5	6	7	8	9	10
Fear.....	1	2	3	4	5	6	7	8	9	10
Phobias.....	1	2	3	4	5	6	7	8	9	10
Depression.....	1	2	3	4	5	6	7	8	9	10
Grief.....	1	2	3	4	5	6	7	8	9	10
Guilt.....	1	2	3	4	5	6	7	8	9	10
Hopelessness/Despair.....	1	2	3	4	5	6	7	8	9	10
Anger.....	1	2	3	4	5	6	7	8	9	10
Lack of confidence.....	1	2	3	4	5	6	7	8	9	10
Stress.....	1	2	3	4	5	6	7	8	9	10
Isolation, loneliness.....	1	2	3	4	5	6	7	8	9	10
Rejection.....	1	2	3	4	5	6	7	8	9	10
Self-pity.....	1	2	3	4	5	6	7	8	9	10

Category 2: Spiritual Wellbeing

Distant from God.....	1	2	3	4	5	6	7	8	9	10
Not trusting God.....	1	2	3	4	5	6	7	8	9	10
Spiritually dry.....	1	2	3	4	5	6	7	8	9	10
Angry at God.....	1	2	3	4	5	6	7	8	9	10
Fearful of God.....	1	2	3	4	5	6	7	8	9	10
Lacking discernment.....	1	2	3	4	5	6	7	8	9	10

Category 2: Behaviors/Physical Symptoms

Addictions.....	1	2	3	4	5	6	7	8	9	10
Obsessive/Compulsive behaviors.....	1	2	3	4	5	6	7	8	9	10
Binge tendencies.....	1	2	3	4	5	6	7	8	9	10
Relationship struggles.....	1	2	3	4	5	6	7	8	9	10
Rage.....	1	2	3	4	5	6	7	8	9	10
Weight control, eating issues.....	1	2	3	4	5	6	7	8	9	10
Unmotivated.....	1	2	3	4	5	6	7	8	9	10
Lack of focus, concentration.....	1	2	3	4	5	6	7	8	9	10
Self-harm.....	1	2	3	4	5	6	7	8	9	10
Racing heart.....	1	2	3	4	5	6	7	8	9	10
Racing breathing.....	1	2	3	4	5	6	7	8	9	10
Sleeplessness.....	1	2	3	4	5	6	7	8	9	10
Headaches.....	1	2	3	4	5	6	7	8	9	10
Night terrors.....	1	2	3	4	5	6	7	8	9	10
Back, neck pain.....	1	2	3	4	5	6	7	8	9	10
Chest tightening, sense of pressure in chest.....	1	2	3	4	5	6	7	8	9	10
Digestive issues(IBS, colitis, heartburn, reflux)	1	2	3	4	5	6	7	8	9	10

Write down the total number of symptoms in all three categories that are greater than 3 here (a)_____.

Add up the total of all scores above a 3 in all categories. Write the total here(b)_____.

Divide the number on line (b) by the number on line (a).

Write that number here(c)_____.

Recommendations based on the number in (c):

No symptom above 3: workbook or online course

If (c) Score 4 to 6:

Then; Contact RHC for more information.

If (c) Score 7 to 10:

Then; Contact RHC to set up an introductory session.

Rock House Center

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