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 Date: _____

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?)

_____
_____
_____

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_____

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

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____ 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: _____
_____

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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 Date: _____

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

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_____ 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?

_____
_____
_____
_____
_____
_____

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