



My Confidential Well-Being Checklist

Rate your level of Well-Being (0 = Low and 10 = High) to determine what you can do to improve your overall well-being.

PHYSICAL	EMOTIONAL	MENTAL	SPIRITUAL
<input type="checkbox"/> Ample Energy	<input type="checkbox"/> Ability to express feelings	<input type="checkbox"/> Ability to follow through	<input type="checkbox"/> Connect to a power greater than self
<input type="checkbox"/> Clothing is comfortable and complimentary	<input type="checkbox"/> Assertiveness	<input type="checkbox"/> Developing new skills	<input type="checkbox"/> Connects with nature
<input type="checkbox"/> Confidence	<input type="checkbox"/> Aware of strength and limitations	<input type="checkbox"/> Education	<input type="checkbox"/> Feel connected to life
<input type="checkbox"/> Exercise	<input type="checkbox"/> Belonging	<input type="checkbox"/> Financial management	<input type="checkbox"/> Inner peace
<input type="checkbox"/> Experience touch and affection	<input type="checkbox"/> Compassion	<input type="checkbox"/> Good attitude	<input type="checkbox"/> Knows and practices own values
<input type="checkbox"/> Good Nutrition	<input type="checkbox"/> Empathy	<input type="checkbox"/> Love to learn	<input type="checkbox"/> Ongoing study of spiritual matters
<input type="checkbox"/> Live an addiction free life	<input type="checkbox"/> Friends	<input type="checkbox"/> Purpose	<input type="checkbox"/> Practices integrity and ethical life
<input type="checkbox"/> Ongoing Sexual fulfilment	<input type="checkbox"/> Honesty	<input type="checkbox"/> Self discipline	<input type="checkbox"/> Regard for differences of others
<input type="checkbox"/> Regular healthcare	<input type="checkbox"/> Humor	<input type="checkbox"/> Stimulating career	<input type="checkbox"/> Regular spiritual practice
<input type="checkbox"/> Relax	<input type="checkbox"/> Listening skills	<input type="checkbox"/> Time management	<input type="checkbox"/> Service to others
<input type="checkbox"/> Sleep well	<input type="checkbox"/> Motivation		<input type="checkbox"/> Trust life to be good
<input type="checkbox"/> Take medications appropriately	<input type="checkbox"/> Positive thinking		
<input type="checkbox"/> Take time for Fun and play	<input type="checkbox"/> Quiet time		
<input type="checkbox"/> Travel	<input type="checkbox"/> Service to others		

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My Confidential **STRESS** Checklist

Rate your level of Stress (0 = Low and 10 = High)
to determine what you can do to improve your stress level.

<input type="checkbox"/> Absent minded	<input type="checkbox"/> Changes in Digestion	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nothing is easy
<input type="checkbox"/> Aches and Pains	<input type="checkbox"/> Eyelid twitches	<input type="checkbox"/> Insomnia	<input type="checkbox"/> People are annoying
<input type="checkbox"/> Agitation	<input type="checkbox"/> Face flushing	<input type="checkbox"/> Irregular periods	<input type="checkbox"/> Rapid heartbeat
<input type="checkbox"/> All or nothing attitude	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Libido	<input type="checkbox"/> Self harm
<input type="checkbox"/> Appetite changes	<input type="checkbox"/> Feeling Bored	<input type="checkbox"/> Look worn out	<input type="checkbox"/> Sickness
<input type="checkbox"/> Complaining	<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Low concentration	<input type="checkbox"/> Skin changes
<input type="checkbox"/> Crying	<input type="checkbox"/> Frustration	<input type="checkbox"/> Mentally sluggish	<input type="checkbox"/> Sweating
<input type="checkbox"/> Decreased energy	<input type="checkbox"/> Fuzzy thinking	<input type="checkbox"/> Mood swings	<input type="checkbox"/> Hour Watching TV
<input type="checkbox"/> Depression	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Negativity	<input type="checkbox"/> Tooth and jaw pain
<input type="checkbox"/> Decisions are harder	<input type="checkbox"/> Happiness is elusive	<input type="checkbox"/> No Exercise	<input type="checkbox"/> Weird dreams

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