TOM ZIGLAR

CHOOSE

TO WIN

TRANSFORM YOUR LIFE

CHOOSE TO WIN

CHOOSE TO WIN

Choose To Win - Wheel of Life - Assessment

Directions: On the following pages rate yourself from 1-10 in each category. Divide your total by 10 to reach your final number in each category. Using spokes of the wheel image below, plot your number in each category and connect the dots to see how smooth your ride is.

Physical

- ____ appearance
- ____ regular checkup
- ____ energy level
- ____ muscles toned
- _____ regular fitness program
- _____ weight control
- ____ diet & nutrition
- ____ stress control
- _____ endurance & strength
- ____ enough sleep
- ____ TOTAL ÷ 10 = _____

Spiritual

- ____ believe in God
- ____ inner peace
- ____ influence on others
- _____ spouse relationship
- ____ church involvement
- ____ sense of purpose
- _____ attitude for giving donations
- ____ prayer
- ____ Bible study
- _____ abundant gratitude
- ____ TOTAL ÷ 10 = _____

Mental

____ attitude

- ____ intelligence
- ____ formal education
- ____ continuing education & training
- ____ creative imagination
- ____ inspirational reading
- ____ inquisitive mind
- ____ self-image
- ____ enthusiasm
- ____ automobile university
- ____ TOTAL ÷ 10 = _____

Family

- ____ listening
- ____ good role model
- ____ principled but flexible
- _____ forgiving attitude
- ____ build self-esteem of others
- ____ express love and respect
- ____ meals together
- _____ family relationships
- ____ dealing with disagreements
- ____ time together
- ____ TOTAL ÷ 10 = _____

Financial

- ____ proper priority
- ____ personal budget
- ____ impulse purchases
- ____ earnings
- ____ living within income
- ____ money in savings
- ____ adequate insurance
- ____ investments
- ____ financial statement
- ____ debt free
- ____ TOTAL ÷ 10 = _____

Personal

- ____ recreation
- ____ exercise
- ____ friendships
- ____ community activities
- ____ service clubs
- ____ quiet time
- ____ growth time
- ____ consistent life
- _____ appropriate social media
- ____ time management
- ____ TOTAL ÷ 10 = _____

Career

- ____ love what I do
- ____ understand my job
- ____ co-worker relationships
- ____ productivity
- ____ understand company goals
- ____ understand my activity in relationship to my goals
- _____ appreciate company benefits
- ____ opportunity for advancement
- _____ well-trained for my job
- ____ own my business/have career path
- ____ TOTAL ÷ 10 = _____



