|  |  |
| --- | --- |
| Total Score:  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 = Strongly Disagree | 2 = Disagree | 3= Neither agree nor disagree | 4 = Agree | 5 = Strongly Agree |
| 1. I pay attention to how I am feeling.
 |  |  |  |  |  |
| 1. I recognize when I’m upset.
 |  |  |  |  |  |
| 1. At any given moment, it’s easy for me to describe my feelings.
 |  |  |  |  |  |
| 1. I can identify my specific emotions-beyond mad, sad, and glad.
 |  |  |  |  |  |
| 1. I can identify where in my body I feel an emotion.
 |  |  |  |  |  |
| 1. I don’t take things personally.
 |  |  |  |  |  |
| 1. I stay composed and positive, even in trying moments.
 |  |  |  |  |  |
| 1. It’s rare that I show frustration.
 |  |  |  |  |  |
| 1. I don’t get caught up in ruminating after something upsetting happens.
 |  |  |  |  |  |
| 1. I have compassion for myself when I make a mistake.
 |  |  |  |  |  |
| 1. I have a good sense of what’s going on around me.
 |  |  |  |  |  |
| 1. I am aware of how my emotions affect others.
 |  |  |  |  |  |
| 1. I am in touch with other people’s emotions.
 |  |  |  |  |  |
| 1. During my day, I take time to quiet my mind.
 |  |  |  |  |  |
| 1. I am open to whatever thoughts or emotions I experience.
 |  |  |  |  |  |
| 1. It’s normal to sometimes feel sad, fearful, or angry.
 |  |  |  |  |  |
| 1. I give myself permission to have my emotions, even if they don’t make sense.
 |  |  |  |  |  |
| 1. I rarely hold on to hurts and disappointments.
 |  |  |  |  |  |
| 1. I bounce back quickly from adversity or setbacks.
 |  |  |  |  |  |
| 1. I rely on my emotions as a source of wisdom to guide me in my daily life.
 |  |  |  |  |  |

Thank you for filling out the Emotional Fitness Assessment. In our complimentary consultation, you’ll see how emotional fitness impacts your ability to achieve what you want in life—both at work and at home.

To provide context for our conversation, please answer the following questions. All information is kept confidential.

* What changes would you like to make in the next 6 months related to either your personal or professional life?
* What are your biggest challenges in making these changes?
* What have you already tried in terms of making these changes? Please specify any programs, books, or services that you have bought to help with these changes.
* What personal growth work have you done in the past?

* What five things in your life are causing you discomfort/stress?

Once you return this completed form to me, I may have additional questions, which I'll ask you about.

Ultimately, we’ll arrange a time to speak. By the end of our conversation, I’ll provide you with recommendations for how to proceed to accomplish your goals.

Looking forward to hearing from you,

Carol

Please return this form, with your assessment, to carol@carolrossandassociates.com.