

Personal Inventory Worksheet

Taking Personal Inventory -

Personal Inventory = measure of where you are today.

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.

Using the information you discovered in the Personal Values worksheets, use the Personal Inventory questionnaire to think big about your future and your success. What are your dreams for yourself and for your business?

Complete the following questions as honestly as you can, it's only for your own use and unless you show it to others nobody else will see it.

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?)

What are my three most important projects?

Who are the three most important people in my life?

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 ____ 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 is:-

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:

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 _____ 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?
