

Holistic Life Audit Form

WELCOME TO YOUR TRANSFORMATION JOURNEY!

This Life Audit is designed to provide you with valuable insights across the six dimensions of health:

Physical, Mental, Emotional, Spiritual, Environmental, and Social.

Each dimension influences your overall wellbeing.

By taking time to honestly assess each area, you'll gain clarity on where to focus your transformation efforts.

Here's what makes this audit effective:

- **It offers a *Comprehensive assessment* across all dimensions that impact your daily life**
- ***Reflective questions* promote deeper understanding beyond simple ratings.**
- ***Pattern identification* to recognize how different areas influence each other**
- ***Action planning* to bridge the crucial gap between insight and implementation.**

Remember, transformation isn't just about knowing what to do— it's about consistently implementing new practices in your everyday life. This audit is designed to help bridge that crucial gap.

<https://desiderataconsulting.com>

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PHYSICAL HEALTH & WELLBEING

Movement & Fitness: ___/10

How consistently do you engage in physical activity you enjoy?

What prevents you from moving more?

Nutrition: ___/10

How well does your diet support your energy and wellbeing?

What one change would improve your nutrition?

Sleep Quality: ___/10

How restorative is your sleep?

What affects your sleep quality most?

Hydration: ___/10

Do you drink enough water throughout the day?

What helps or hinders your hydration habits?

Overall Energy Level: ___/10

What times of day is your energy highest/lowest?

Highest:

Lowest:

What drains your energy most?

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MENTAL & EMOTIONAL HEALTH

Stress Management: ___/10

How effectively do you handle stress?

What is your primary stress relief method?

Emotional Awareness: ___/10

How connected are you to your feelings?

Do you express or suppress emotions?

Mental Clarity: ___/10

How clear is your thinking day to day?

What creates mental fog for you?

Positive Self Talk: ___/10

What's the tone of your inner dialogue?

How often do you speak kindly to yourself?

Resilience: ___/10

How quickly do you bounce back from setbacks?

What strengthens or weakens your resilience?

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SPIRITUAL HEALTH

Sense of Purpose: ___/10

How connected do you feel to your purpose?

What activities make you lose track of time?

Connection to Something Greater: ___/10

How strong is your connection to your faith/higher power?

What practices strengthen this connection?

Alignment with Values: ___/10

How well do your daily actions align with your core values?

What values need more expression in your life?

Inner Peace: ___/10

How often do you experience moments of peace?

What creates or disrupts your sense of peace?

Gratitude Practice: ___/10

How regularly do you acknowledge things you're grateful for?

What are you most grateful for right now?

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ENVIRONMENTAL HEALTH

Home Organization: ___/10

How well organized is your living space?

Which area creates the most stress when disorganized?

Physical Surroundings: ___/10

Do your surroundings energize or drain you?

What one change would most improve your environment?

Digital Environment: ___/10

How healthy is your relationship with technology?

What digital habits help or harm your wellbeing?

Access to Nature: ___/10

How frequently do you connect with natural environments?

How does nature impact your wellbeing?

Personal Boundaries: ___/10

How well do you maintain healthy boundaries?

Where do you need stronger boundaries?

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RELATIONSHIPS & SOCIAL HEALTH

Close Relationships: ___/10

How fulfilling are your intimate relationships?

What relationship needs the most attention?

Support Network: ___/10

How strong is your support system?

Who can you truly count on?

Communication Skills: ___/10

How effectively do you express your needs and listen to others?

What communication patterns need improvement?

Sense of Community: ___/10

How connected do you feel to a larger community?

What communities are most important to you?

Balance of Giving/Receiving: ___/10

Is there balance in how much you give versus receive?

Where do you need more balance?

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REFLECTION & ACTION PLANNING

Three Highest Rated Areas:

1. _____ (____/10)

2. _____ (____/10)

3. _____ (____/10)

Three Lowest Rated Areas:

1. _____ (____/10)

2. _____ (____/10)

3. _____ (____/10)

Patterns or Insights:

What connections do you notice between different areas?

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One Area to Focus On First:

Three Specific Actions to Improve This Area:

1.

2.

3.

Resources Needed:

Potential Obstacles & Solutions:

Accountability Plan:

How will you track progress and stay accountable?

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NEXT STEPS

Going It Solo? I have some great resources to help you.
Simply visit: <https://desiderataconsulting.com/resources>

However, if you're ready for comprehensive support in transforming your life, I encourage you to explore how Desiderata Consulting's Immersive Coaching Experience (ICE) can help you bridge the gap between insight and implementation.

Visit: www.desiderataconsulting.com

or

Contact Me

or

Schedule Meet & Greet

