

## Benchmarking & Personal Progress

On a scale of 1 to 10 with 10 being the BEST, please rate your satisfaction in the following areas:

1. A. I am able to spend enough time & enough QUALITY time with my family: \_\_\_\_\_  
  
B. I am able to have enough quality time with my spouse to maintain a healthy relationship: \_\_\_\_\_  
  
C. I have enough time & emotional energy to maintain the friendships that are important to me: \_\_\_\_\_
2. A. I'm able to complete the continuing education that I desire to complete for each year: \_\_\_\_\_  
  
B. I'm able to get my team the continuing education that I'd like them to achieve each year in order to have a smooth running Practice: \_\_\_\_\_  
  
C. I am reaching my goals for professional growth within my field: \_\_\_\_\_

3. A. My spirit or confidence level after I leave the Practice each day:\_\_\_\_\_
- B. My spirit or confidence level after leaving the Practice for the week:\_\_\_\_\_
- C. How my Practice makes me feel about myself overall:  
\_\_\_\_\_
4. A. I am able to have a regular exercise program: \_\_\_\_\_
- B. I have time & energy to eat the way I should: \_\_\_\_\_
- C. I am able spend time in these areas with my spouse:  
\_\_\_\_\_

Please add up all these #'s. So, out of a possible 120 you're scoring a \_\_\_\_\_.

Please save this sheet to compare it with your answers as you start applying this program. Take it once a month & see your progress!