

## LifeWay Health & Well-Being Inventory™ - for Family Counseling

Form 2F - To be completed individually by each family member 18+ participating in counseling.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**An Overview & Background:** Our process starts with an in-person consultation where your family will meet with a counselor for an hour. Here, we get to know you, the challenges you're facing, and your goals for family life improvement. We pair that information, along with your insurance, scheduling availability and the specializations of our counselors to assign you to the counselor who is best equipped to help you meet our goals.

### **Directions for completing the LifeWay I Health & Well-being Inventory™:**

Stop and reflect for just a minute on why you are coming to LifeWay, and how you are feeling about your overall Family Well-being in this moment. Give yourself a Well-being a rating.

Check  one box.

<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
-------------------------------	-------------------------------	-----------------------------------	-------------------------------	------------------------------------

Collect your thoughts and feelings and write a sentence or two about your expectations, goals and outcomes from Lifeway counseling. Be honest in your writing.

**What is your hope and goals for your Family Well-being life improvements as a result of working with a LifeWay counseling therapist?**

**And, how will you know when these hopes & goals are becoming a reality in your life?  
How will others around you know, see, and feel?**

\*Abilities develop within us from natural talents, strengths, behaviors and attitudes we've been taught, and experiences we have had in life. They are like an Inventory we can use as needed. They can be improved as we learn and practice with them.

The following list of Personal and Family Abilities will help you take a 'selfie' or inventory of those abilities today and how you are applying them to your life, in general, and to your family specifically. Please indicate by checking the box  either 'Have what I need & I use them,' or 'I Want to learn & apply more' for each item.

<b>Caring for myself each day</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know how to keep negative thoughts from defeating me.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to find joy regardless of the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
My spiritual health is a priority and I make time to care for it.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making healthy food choices.	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do to improve my mental health when I am feeling down, sad, depressed or angry.	<input type="checkbox"/>	<input type="checkbox"/>
I am intentionally making a choice to exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>
I routinely get the right amount of restful sleep I require.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my family</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know the steps to take that will improve my family relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify when criticism, defensiveness, contempt, or stonewalling are negatively impacting our family relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to peacefully resolve my conflicts with each family member and between family members.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to communicate effectively with every family member.	<input type="checkbox"/>	<input type="checkbox"/>
I can listen to any family member and show empathy, respect, and understanding.	<input type="checkbox"/>	<input type="checkbox"/>
I know and understand the strengths of each family member and encourage and actively support their contribution to our family's quality of life.	<input type="checkbox"/>	<input type="checkbox"/>
Our family has written short term and long-term goals (a vision) that motivate us and give us a shared purpose.	<input type="checkbox"/>	<input type="checkbox"/>
I feel well equipped to be the best parent/child/other I can be.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my relationships</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I know how to foster good relationships.	<input type="checkbox"/>	<input type="checkbox"/>
I am open to receiving love from others.	<input type="checkbox"/>	<input type="checkbox"/>
I can identify my emotions and communicate what I am feeling or experiencing to others constructively.	<input type="checkbox"/>	<input type="checkbox"/>

I know how to peacefully resolve conflicts.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

<b>Caring for my work** responsibilities</b> **Work refers to a paid job, a volunteer task, being a stay-at-home mom/dad, a student, a person with a part-time job, etc.	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I feel good about my work/job and the positive things it provides.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of parts of my work/job where I need help, and I ask for help to get the work/job done.	<input type="checkbox"/>	<input type="checkbox"/>
I can focus on the right things to complete the work/job successfully.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to build trusting working relationships with my peers, my colleagues on the team, or other family members. .	<input type="checkbox"/>	<input type="checkbox"/>
I know my strengths and how to apply them to my work/job so that my work is satisfying.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Caring for my Personal Growth</b>	<b>Have what I need &amp; I use them</b>	<b>I Want to learn &amp; apply more</b>
I am emotionally free to try new things.	<input type="checkbox"/>	<input type="checkbox"/>
I have written short term and long-term goals (a vision) that motivate me and give me purpose.	<input type="checkbox"/>	<input type="checkbox"/>
I am becoming more confident in myself and less dependent on comparing myself to others.	<input type="checkbox"/>	<input type="checkbox"/>
I know how to climb out of persistent negative emotions caused by 'life situations' by taking positive steps to change my situation.	<input type="checkbox"/>	<input type="checkbox"/>
I know that my life is having a positive impact. It counts! I am worth something important.	<input type="checkbox"/>	<input type="checkbox"/>
I am on a positive path and direction moving forward in my life.	<input type="checkbox"/>	<input type="checkbox"/>
I believe my future will be good.	<input type="checkbox"/>	<input type="checkbox"/>

At Lifeway Counseling we want you to take maximum advantage of your Personal Strengths. Please list 3 strengths you have a desire to apply to the work at Lifeway.

- 1.
- 2.
- 3.

If you have taken a Strengths evaluation, like Gallup StrengthsFinder, Enneagram, or VIA, and have that information readily available to you, write in your top strengths and indicate the source.

At LifeWay Counseling we realize that many times people coming to counseling have doubts and fears about counseling. Please write down any doubts or fears related to counseling that you are experiencing. They are not unusual. It is helpful for our therapists to understand them. If no doubts or fears, circle **NONE**.

As you participate with the staff at LifeWay, you will be learning new approaches to improve your family. We want to make sure we provide those approaches in a way that is easiest for you to learn and apply them to your life. We have listed the 3 most common learning styles below. Please choose the one that you prefer.

- Visual learner – watch someone show me how to do it or use visual illustrations.
- Auditory learner – hear someone tell me how, like listening to presentations/podcasts/etc.
- Kinesthetic learner – try to do it myself.

Thank you for completing the Lifeway Health Family Well-Being Inventory™.

Submit