

# Suz Spangler Wellness

PERSONAL • WORKPLACE • FAITH-BASED

## Basic Assessment

Name:

Date:

Describe the situation or problem to be assessed:

What am I currently doing regarding this situation?

What are my emotions related to my current behavior or situation?

What physical symptoms do I have related to my behavior?

How do I imagine myself related to my behavior?

What are my thoughts related to my behavior?