## Valued Living Questionnaire

| Name: |         |       | - |
|-------|---------|-------|---|
| Age:  | Gender: | Date: | _ |

**Instructions:** This quiz will help you define your values in several areas of life. Please consider each question and respond honestly. No response is wrong. This questionnaire is about your values and priorities.

Consider your life and interests. Rate each domain from 1 to 10, with 1 being "Not important at all" and 10 being "Extremely important."

| AREA   | Not at all important |     |          | Moderately important |     |     | t I | Extremely important |     |      |
|--|----------------------|-----|----------|----------------------|-----|-----|-----|---------------------|-----|------|
| 1. Family (other than marriage or parenting)                         | ) 1                  | ○ 2 | ) 3      | ○ 4                  | ○ 5 | ○ 6 | 07  | 0 8                 | 9   | ) 10 |
| 2. Marriage/couples/intimate relationships                           | 0 1                  | ○ 2 | <b>3</b> | 0 4                  | 0 5 | 0 6 | 07  | 0 8                 | 0 9 | ) 10 |
| 3. Parenting   | 01                   | ○ 2 | ) 3      | 0 4                  | 05  | 0 6 | ○ 7 | 0 8                 | 9   | ) 10 |
| 4. Friends/social life   | 01                   | ○ 2 | () З     | 0 4                  | 0 5 | 0 6 | ○ 7 | 0 8                 | 0 9 | ) 10 |
| 5. Work  | 0 1                  | ○ 2 | () з     | 0 4                  | 0 5 | 0 6 | 07  | 8 ()                | 0 9 | ) 10 |
| 6. Education/training  | 0 1                  | ○ 2 | () З     | 0 4                  | 0 5 | ○ 6 | ○ 7 | 0 8                 | 9   | ) 10 |
| 7. Recreation/fun  | 01                   | ○ 2 | <b>3</b> | 0 4                  | 0 5 | 0 6 | ○ 7 | 0 8                 | 0 9 | ) 10 |
| 8. Spirituality/meaning & purpose in life                            | ) 1                  | ○ 2 | ) 3      | 0 4                  | ○ 5 | 0 6 | 07  | 0 8                 | 0 9 | ) 10 |
| 9. Citizenship/Community life  | 01                   | ○ 2 | () З     | 0 4                  | 0 5 | 0 6 | ○ 7 | 0 8                 | 9   | ) 10 |
| 10. Physical self-care (nutrition,<br>exercise/movement, rest/sleep) | ) 1                  | 0 2 | ) 3      | 0 4                  | ○ 5 | 0 6 | 07  | 8                   | 9   | ) 10 |

## **Reflection and Integration**

1. Which values are the most important to you overall?

2. How can you prioritize these values in your daily actions and decisions?



4. What steps can you take to align your life with your values and live a more fulfilling and meaningful life?

Thank you for completing the Valued Living Questionnaire!

The insights gained from this questionnaire can help you make conscious choices that align with your values and live a more fulfilling and meaningful life.

