

2020 Year-End Personal Completion Checklist



Check the box that best reflects how you feel

| AREA / SELF-REFLECTION QUESTION | ☹️ | 😐 | 😐 | 😊 | 😊 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Personal Development Have you achieved all your personal development goals for this year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Relationships Do you feel good about the state of all your relationships? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Health and Vitality Are you happy with the state of your body and health? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Career Is there any outstanding work that needs to be done for this year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Financial Have you paid all your bills and are your investments in order? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Home Is your home in a good state of repair and free of clutter? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Fulfilment Do you feel fulfilled and happy about what you have done this year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Contribution Have you made the difference that you want to make this year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

What are 3 actions you would like to take to complete your year?
