## 4D Fit" Work(out)sheet: Mental Fitness Assessment

1. Complete the Mental Fitness Assessment to establish a baseline for tracking your progress. (ACTION: Fill and save as digital file or Print, complete, and scan separately.)
2. Reference the grid below to calculate your average score for each Level.
3. Note your highest and lowest scored item(s) to improve and/or maintain.
4. Refer to the Mental Fitness Fun-D-Mentals and S.E.N.C. Inventory work(out)sheets provided in the 4D Fit Mental Fitness training program to identify mental fitness practices most appropriate for YOUR needs, abilities, and goals.

ASSESSMENT SCORE CARD

| Levels of Fitness | Average Score | Lowest / Improve | Highest / Maintain |
| :--- | :---: | :---: | :---: |
| 1: Balance | TOTAL / $10=\underline{0}$ |  |  |
| 2: Flexibility | TOTAL / $10=\underline{0}$ |  |  |
| 3: Rest \& Recovery | TOTAL / $10=\underline{0}$ |  |  |
|  |  |  |  |
| 4: Strength \& Endurance | TOTAL / 10 = |  |  |
|  |  |  |  |

[^0]Date: How are you feeling today? $\square$ Great $\square$ OK $\square$ Rough Completed by: $\square$ Self $\square$ Observer

|  | On a scale from 1 (disagree) to 10 (agree)... | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | I am aware that my feelings are my own. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am aware of my thought patterns. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I generally don't worry. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel valued and appreciated. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I can achieve my goals. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I deserve to feel my best to do my best. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I can empathize with healthful boundaries. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel centered and focused. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel safe and secure. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I love and accept myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am able to forgive myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am able to forgive others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am comfortable with being successful. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel others want me to succeed. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am creative and realize creativity is important. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I think about how change can benefit me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I'm not afraid to fail, and can learn from mistakes. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am responsible for my own happiness. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I understand and can process my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | When l'm upset, I can calm myself down. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I focus on breathing and understand the benefits. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I am grateful for my life and what I have. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I appreciate others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I believe people are mostly good. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I drink enough water to stay hydrated. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I eat well enough to nourish my body. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I can disconnect without fear of missing out. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I seek healthful and helpful influences. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I limit alcohol and caffeine. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel rested and usually get enough sleep. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I know how to motivate myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I can say "no" without feeling guilty. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I enjoy helping others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I can clear my mind of limiting thoughts. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I do not perceive others as enemies or obstacles. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel comfortable asking for help. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel comfortable seeking mental health services. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I feel in control of my life and choices. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I enjoy exercise and how it makes me feel. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  | I share and express my feelings in healthful ways. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |


[^0]:    * The 4D Fit Mental Fitness Assessment is not a diagnostic tool and may only to be used for awareness purposes.

