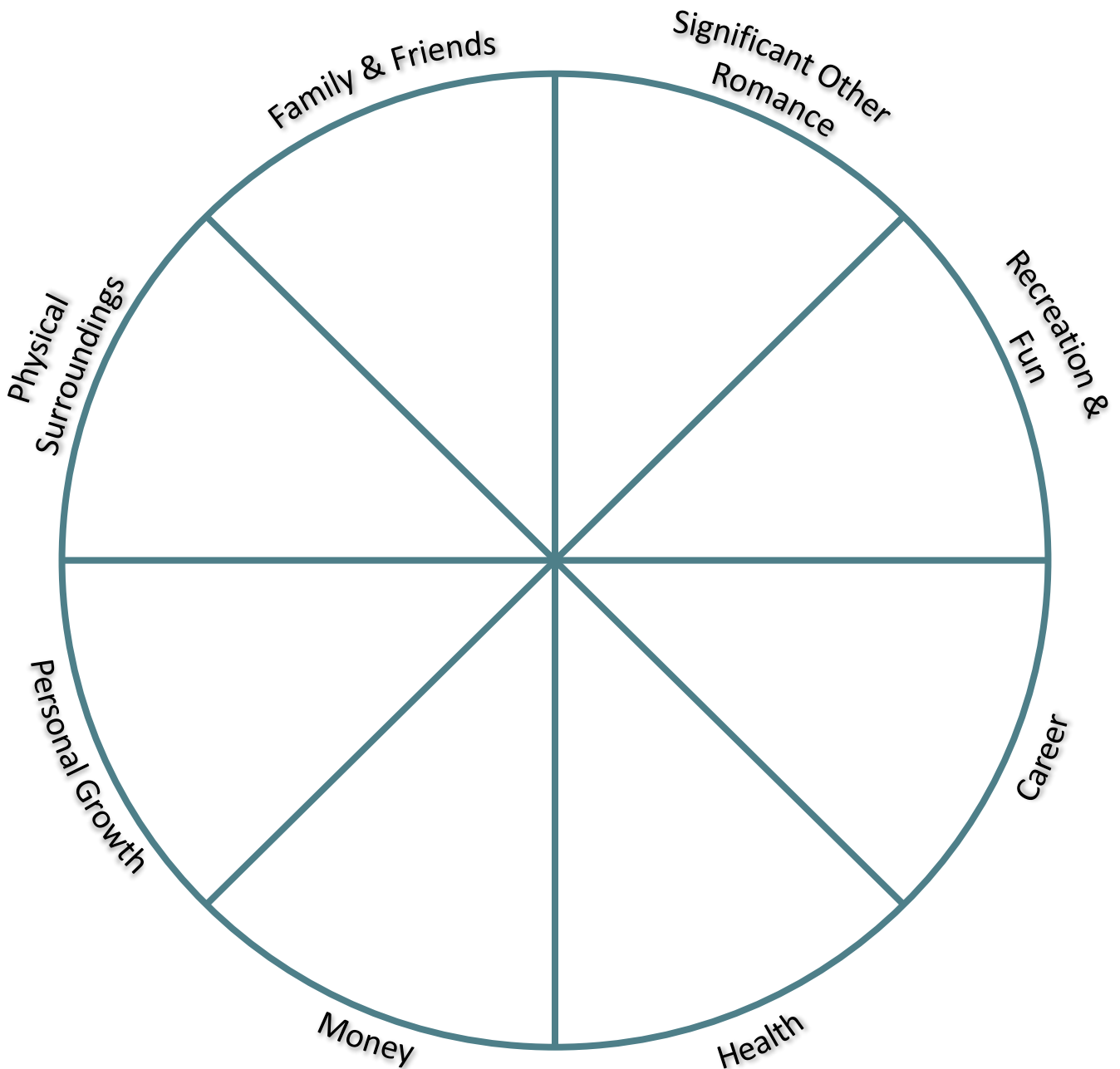


# Wheel of Life Exercise

Your Name and Date:

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## Directions

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Rank each area of your life on a scale of 1-10 (1 being the worst and 10 being the best).