



Masterpiece Living Lifestyle Review

Self-Scoring Version

For each question, please circle the number beneath the response that best describes you.

Physical Component

1. Compared to other people your age, how would you rate your health overall?

Excellent	Very good	Good	Fair	Poor	Very Poor
5	4	3	2	1	0

2. Compared to one year ago how would you rate your health?

Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now
4	3	2	1	0

3. Do you meet with your physician at least once a year for a check-up and any recommended medical tests?

Yes	No
1	0

4. How many serious injuries have you had in the last 6 months (that required hospitalization or an emergency room visit)?

Zero	One	Two	Three or more
3	2	1	0



5. In the past four weeks how much did physical health problems limit your usual physical activities (such as walking or climbing stairs, etc.)?

Not at all	Very little	Somewhat	Quite a lot	Could not do usual physical activities
4	3	2	1	0

6. During the past four weeks how much did your physical health problems limit your usual social activities (such as going to social events, having meals and visits with friends or family, etc.)?

Not at all	Very little	Somewhat	Quite a lot	Could not do usual social activities
4	3	2	1	0

7. During the past four weeks how much energy did you have?

Very much energy	Quite a lot of energy	Some energy	A little energy	Almost none
4	3	2	1	0

8. During the past four weeks, how would you rate your sleep quality overall?

Very good	Fairly good	Fairly bad	Very bad
3	2	1	0



9. During a 24-hour day, how many hours of sleep do you usually get?

6 or less	7-9 hours	9-10 hours	10 or more hours
0	2	1	0

10. About how many days per week do you participate in moderate intensity aerobic activity (brisk walking, dancing, cycling, swimming, etc.) for at least 30 minutes?

5-7 times/week	3-4 times/week	1-2 times/week	2-3 times/month	Once a month	Not currently participating in moderate intensity activity
5	4	3	2	1	0

11. About how many days per week do you participate in gentle physical activity (chair exercise, yoga, tai chi, etc.) for at least 30 minutes?

5-7 times/week	3-4 times/week	1-2 times/week	2-3 times/month	Once a month	Not currently participating in gentle physical activity
5	4	3	2	1	0



12. About how many days per week do you participate in muscle-strengthening activity (lifting weights, working with resistance bands, doing exercises that use your body weight, Pilates, etc.) for at least 30 minutes?

5-7 times/week	3-4 times/week	1-2 times/week	2-3 times/month	Once a month	Not currently participating in muscle- strengthening activity
5	4	3	2	1	0

13. How many servings of fruits and vegetables do you eat during a typical day? (1 serving = 1 measuring cup)

5 or more	2-4	0-1
2	1	0

14. How confident are you in your ability to enhance your physical health?

Completely confident	Very confident	Moderately confident	Somewhat confident	Not at all confident
4	3	2	1	0

Add your answers from Questions 1-14 to generate your total score for the Physical Component.

Total Score for Physical Component: _____



Spiritual Component

15. During the past six months, I have been able to shut off distracting thoughts and be fully aware of what I am doing.

Very often	Often	Sometimes	Not often	Almost never
4	3	2	1	0

16. My life has a strong sense of meaning and purpose.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
4	3	2	1	0

17. Thinking about your life these days, how satisfied are you with it?

Very satisfied	Satisfied	Neither satisfied/dissatisfied	Dissatisfied	Very dissatisfied
4	3	2	1	0

18. How would you rate the amount of control you have over your life these days?

Almost complete	Quite a lot	Some	Not very much	Almost none
4	3	2	1	0



19. If working/volunteering/homemaking, indicate level of work satisfaction.

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
4	3	2	1	0

20. During the past four weeks, how much have you been bothered by personal or emotional problems (such as feeling nervous, anxious, irritable or depressed)?

Not at all	Slightly	Moderately	Quite a lot	Extremely
4	3	2	1	0

21. During the past four weeks, how much did personal or emotional problems keep you from doing your usual physical activities?

Not at all	Very little	Somewhat	Quite a lot	Could not do physical activities
4	3	2	1	0

22. During the past four weeks, how much did personal or emotional problems limit your usual social activities (such as going to social events, having meals and visits with friends, etc.)?

Not at all	Very little	Somewhat	Quite a lot	Could not do social activities
4	3	2	1	0



23. How often do you participate in spiritual pursuits (religious services, creative pursuits, spiritual reading/study, meditation, prayer, spending time in nature, or any other spiritual pursuits that provide meaning and purpose)?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in spiritual pursuits
5	4	3	2	1	0

24. How often do you volunteer or provide help/goods/services to others?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in volunteerism/service
5	4	3	2	1	0

25. Please indicate whether you have experienced any of these events:

a. Death of a spouse/partner

Never happened	Happened within the last year	Happened >1 year ago
2	0	0



b. Death of a son/daughter

Never happened	Happened within the last year	Happened >1 year ago
2	0	0

c. Death of a parent

Never happened	Happened within the last year	Happened >1 year ago
2	0	0

26. How would you rate your level of worry about the following items?

a. State of the World

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

b. Financial Matters

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

c. Children/Grandchildren

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0



d. Health/Disability

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

e. Spouse/Partner

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

f. Future Generations

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

g. Chronic Illness

Almost no concern/worry	Somewhat concerned	Very concerned/worried
2	1	0

27. How confident are you in your ability to enhance your spiritual wellbeing?

Completely confident	Very confident	Moderately confident	Somewhat confident	Not at all confident
4	3	2	1	0

Add your answers from Questions 15-27 to generate your total score for the Spiritual Component.

Total Score for Spiritual Component: _____



Intellectual Component

28. In the past four weeks, how often have you challenged yourself with new and complex activities?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not at all
5	4	3	2	1	0

29. Compared to other people your age, how would you rate your memory?

Much better	Somewhat better	About the same	Somewhat worse	Much worse
4	3	2	1	0

30. How current are you about new technology (mp3, new computer programs, etc.)

Very current	Somewhat current	Not current
2	1	0

31. How often do you participate in group intellectual pursuits (museums, lectures, classes, etc.)?

5-7 times a week	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in group intellectual pursuits
5	4	3	2	1	0



32. How often do you use a computer to connect with others (social networking, e-mail, video communication, etc.)?

5-7 times a week	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently using a computer to connect with others
5	4	3	2	1	0

33. How often do you participate in individual intellectual pursuits (books, puzzles, games, writing, computers, etc.)?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in individual intellectual pursuits
5	4	3	2	1	0

34. I am able to keep my mind focused without becoming easily distracted.

Almost never distracted	Not very often distracted	Somewhat distracted	Often distracted	Very often distracted
4	3	2	1	0

35. Rate your ability to take in and process new information.

Very good	Good	Fair	Poor	Very poor
4	3	2	1	0



36. How confident are you in your ability to enhance your intellectual activity?

Completely confident	Very confident	Moderately confident	Somewhat confident	Not at all confident
4	3	2	1	0

Add your answers from Questions 28-36 to generate your total score for the Intellectual Component.

Total Score for Intellectual Component: _____



Social Component

37. I feel that family, friends and/or peers support me in my efforts toward successful aging.

Strongly agree	Agree	Neither agree/disagree	Disagree	Strongly disagree
4	3	2	1	0

38. How satisfied are you with your ability to get the kind of help and support you need from others?

Very satisfied	Satisfied	Neither satisfied/dissatisfied	Dissatisfied	Very dissatisfied
4	3	2	1	0

39. How satisfied are you with your ability to help and give support to others?

Very satisfied	Satisfied	Neither satisfied/dissatisfied	Dissatisfied	Very dissatisfied
4	3	2	1	0

40. How often do you participate in social activities (groups, gatherings, activities, outings, socials, informal get-togethers, etc.)?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in social activities
5	4	3	2	1	0



41. How often do you feel lonely?

Almost never lonely	Not very often lonely	Sometimes lonely	Quite often lonely	Very often lonely
4	3	2	1	0

42. How often do you spend quality time alone?

5-7 times a week or more	3-4 times a week	1-2 times a week	2-3 times a month	Once a month or less	Not currently participating in social activities
5	4	3	2	1	0

43. How often do you have opportunities to use your skills, abilities and experience?

Very often	Quite often	Somewhat often	Not very often	Not at all
4	3	2	1	0

44. How often do you have opportunities to add to your skills and abilities or to acquire new ones?

Very often	Quite often	Somewhat often	Not very often	Not at all
4	3	2	1	0

45. On average (besides work), how often do you get out of the house/apartment?

2 or more times a day	Once a day	Once or twice a week	Less than once/week
3	2	1	0



46. How satisfied are you with your work/life balance? If you are not working, how satisfied are you with your ability to balance obligations with personal fulfillment?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
4	3	2	1	0

47. How often do you participate in hobbies, crafts or other activities that you enjoy?

5-7 times per week	3-4 times per week	Once a month	Not currently participating
4	3	2	0

48. How confident are you in your ability to enhance or deepen your social connections?

Completely confident	Very confident	Moderately confident	Somewhat confident	Not at all confident
4	3	2	1	0

Add your answers from Questions 37-48 to generate your total score for the Social Component.

Total Score for Social Component: _____

Interpreting Your Scores:

Refer to the scoring scale on the back of this page for an indication of how well you are doing in each component and where you might want to grow or improve.

What changes are you ready to make? What are your next steps to implement those changes?



Physical

Strength: 51-46
 Good: 45-41
 Average: 40-36
 Fair: 35-31
 Opportunity for Growth: 30-0

Intellectual

Strength: 38-35
 Good: 34-31
 Average: 30-27
 Fair: 26-23
 Opportunity for Growth: 22-0

Spiritual

Strength: 66-59
 Good: 58-53
 Average: 52-46
 Fair: 45-40
 Opportunity for Growth: 39-0

Social

Strength: 49-44
 Good: 43-39
 Average: 38-34
 Fair: 33-29
 Opportunity for Growth: 32-0

OPTIONAL:

The Body Mass Index (BMI) offers another glimpse into your physical health. Although limited in its application, it does provide a quick and easy way to see where you generally stand in terms of BMI. Calculate your BMI based on your height and weight to find out what category you fall into:

Body Mass Index Table																																				
	Normal					Overweight					Obese					Extreme Obesity																				
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	222	229	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.