

# Pace of Life Index

Name

Date

Score

**Please take 3 minutes to complete this form** based upon your initial reaction. Place the appropriate score (1, 2 or 3) for each question and then total all scores to determine your Pace of Life.

**Always or Usually (3)**

**Sometimes (2)**

**Seldom or Never (1)**

	<b>Score</b>
1. Do you find yourself rushing your speech?	
2. Do you hurry another person's speech by interrupting them?	
3. Do you think about other things during a conversation?	
4. Do you hate to wait in line?	
5. Do you seem to be short of time to get everything done?	
6. Do you detest wasting time?	
7. Do you eat fast?	
8. Do you drive over the speed limit?	
9. Do you try to do more than one thing at a time?	
10. Do you become impatient if others do something too slowly?	
11. Do you seem to have little time to relax and enjoy the day?	
12. Do you find yourself being over-committed?	
13. Do you jingle your knees or tap your fingers?	
14. Do you hate waiting time?	
15. Do you become irritable if kept waiting?	
16. Do you detest losing in sports and games?	
17. Are you a competitive person?	
18. Do you find yourself with clenched fists or tight jaw muscles?	
19. Does your concentration sometimes wander while you think about what's coming up later?	
20. Do you walk fast?	
<b>Total Score</b>	
<b>Scoring: 20-34 Slow 35-44 Medium 45-60 Fast</b>	