

Health Evaluation

Date _____

1. **How would you Rate Your Overall Health**

(This is about **Developing Awareness**)(it requires a totally Honest Evaluation)

Physically - Lousy --- OK --- Good --- Great --- Fantastic

Mentally - Lousy --- OK --- Good --- Great --- Fantastic

Spiritually - Lousy --- OK --- Good --- Great --- Fantastic

2. If your answer to the above was not **(fantastic)** in all three areas – what changes **would you be willing** to make in your life (**Developing Willingness**).

Whatever it takes.

Whatever time allows.

Depends upon what you're going to ask me to do.

I'm satisfied with where I am without any changes – I'm willing to put up with stuff the way it is. (Know that without a doubt that it will progress as you continue to do what you've always done.)

3. **Would you be willing** to change your diet (the way you eat) (what you eat)?

4. **Would you be willing** to change your sleep habits?

5. **Would you be willing** to read some positive books on an on-going basis?

6. **Would you be willing** to listen to some positive audio tapes on an on-going basis?

7. **Would you be willing** to read the Bible daily for some Spiritual Insights?

8. **Would you be willing** to join a group that discusses Spiritual teachings?

The above six questions only require (YES or NO) answers!

Name (optimal) _____