

# Health Evaluation

Date \_\_\_\_\_

1. **How would you Rate Your Overall Health** right now in this moment of time?  
(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, whatever is going on 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 \_\_\_\_\_

Email address: (if you would like additional information)

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