

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)
