

## LIFESTYLE HEALTH ASSESSMENT

Answer each question. If true, check the box. Be rigorous, be a hard grader. If the statement is sometimes or usually true, please do not check the box unless the statement is virtually always true for you. If the statement does not apply to you or will never be true for you, check the box. (You get credit for it because it does not apply or will never happen). You may change any statement to fit your statement better.

### A. PHYSICAL ENVIRONMENT

<input type="checkbox"/>	My personal files, papers, and receipts are neatly filed away.
<input type="checkbox"/>	My car is in excellent condition (doesn't need mechanical work, repairs, cleaning or replacing).
<input type="checkbox"/>	My home is neat and clean (vacuumed, closets clean, desks and tables clear, furniture in good repair, windows clean).
<input type="checkbox"/>	My appliances, machinery, and equipment work well (refrigerator, toaster, snowblower, water heater, toys).
<input type="checkbox"/>	My clothes are all clean and pressed, make me look great (no wrinkles, baskets of laundry, or torn, out-of-date, or ill-fitting clothes).
<input type="checkbox"/>	My plants and animals are healthy (fed, watered, getting light and love).
<input type="checkbox"/>	My bed and bedroom let me have the best sleep possible (firm bed, light, air).
<input type="checkbox"/>	I live in a home or apartment that I love.
<input type="checkbox"/>	I surround myself with beautiful things.
<input type="checkbox"/>	I live in the geographic area I choose.
<input type="checkbox"/>	There is ample and healthy light around me.
<input type="checkbox"/>	I consistently have adequate time, space, and freedom in my life.
<input type="checkbox"/>	I am not damaged by my environment.
<input type="checkbox"/>	I am not tolerating anything about my home or work environment.
<input type="checkbox"/>	My work environment is productive and inspiring (synergistic, with ample tools and resources, and with no undue pressure).
<input type="checkbox"/>	I recycle.
<input type="checkbox"/>	I use non-ozone-depleting products.
<input type="checkbox"/>	My hair is the way I want it.
<input type="checkbox"/>	I surround myself with music that makes my life more enjoyable.
<input type="checkbox"/>	My bed is made daily.
<input type="checkbox"/>	I don't injure myself or bump into things.
<input type="checkbox"/>	People feel comfortable in my home.
<input type="checkbox"/>	I drink purified water.
<input type="checkbox"/>	I have nothing around the house or in storage that I do not need.
<input type="checkbox"/>	I am consistently early or easily on time.

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### B. HEALTH AND EMOTIONAL BALANCE

<input type="checkbox"/>	I use caffeine (chocolate, coffee, colas, tea) less than three times per week, total.
<input type="checkbox"/>	I rarely eat sugar (less than three times per week.).
<input type="checkbox"/>	I rarely watch television (less than five hours per week)
<input type="checkbox"/>	I rarely drink alcohol (less than two drinks per week).
<input type="checkbox"/>	My teeth and gums are healthy (have seen a dentist in the last six months).
<input type="checkbox"/>	My cholesterol count is healthful.
<input type="checkbox"/>	My blood pressure is healthful.
<input type="checkbox"/>	I have had a complete physical exam in the past three years.
<input type="checkbox"/>	I do not smoke tobacco or other substances.
<input type="checkbox"/>	I do not use illegal drugs or misuse prescribed medications.
<input type="checkbox"/>	I have had a complete eye exam within the past two years (glaucoma check, vision test).
<input type="checkbox"/>	My weight is within my ideal range.
<input type="checkbox"/>	My nails are healthy and attractive.
<input type="checkbox"/>	I don't rush or use adrenaline to get the job done.
<input type="checkbox"/>	I have a rewarding life beyond my work or profession.
<input type="checkbox"/>	I have something to look forward to virtually every day.
<input type="checkbox"/>	I have no habits that I find to be unacceptable.
<input type="checkbox"/>	I am aware of the physical or emotional problems or conditions I have, and I am now fully taking care of all of them.
<input type="checkbox"/>	I consistently take evenings, weekends, and holidays off and take at least two weeks of vacation each year.
<input type="checkbox"/>	I have had a complete blood test in the past three years.
<input type="checkbox"/>	I use well-made sunglasses.
<input type="checkbox"/>	I do not suffer.
<input type="checkbox"/>	I floss daily.
<input type="checkbox"/>	I walk or exercise at least three times per week.
<input type="checkbox"/>	I hear well.

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### C. MONEY

<input type="checkbox"/>	I currently save at least 10 percent of my income.
<input type="checkbox"/>	I pay my bills on time, virtually always.
<input type="checkbox"/>	My income source or revenue base is stable and predictable.
<input type="checkbox"/>	I know how much I must have to be minimally financially independent, and I have a plan to get there.
<input type="checkbox"/>	I have returned or made good on any money I borrowed.
<input type="checkbox"/>	I have written agreements and am current with payments to individuals or companies to whom I owe money.
<input type="checkbox"/>	I have six months' living expenses in a money market-type account.
<input type="checkbox"/>	I live on a weekly budget that allows me to save and not suffer.
<input type="checkbox"/>	All my tax returns have been filed, and all my taxes have been paid.
<input type="checkbox"/>	I currently live well, within my means.
<input type="checkbox"/>	I have excellent medical insurance.
<input type="checkbox"/>	My assets (car, home, possessions, treasures) are well insured.
<input type="checkbox"/>	I have a financial plan for the next year.
<input type="checkbox"/>	I have no legal clouds hanging over me.
<input type="checkbox"/>	My will is up to date and accurate.
<input type="checkbox"/>	Any parking tickets, alimony, or child support I owe is paid and current.
<input type="checkbox"/>	My investments do not keep me awake at night.
<input type="checkbox"/>	I know how much I am worth.
<input type="checkbox"/>	I am on a career or professional or business track that is or will soon be financially and personally rewarding.
<input type="checkbox"/>	My earnings are commensurate with the effort I put into my job.
<input type="checkbox"/>	I have no loose ends at work.
<input type="checkbox"/>	I am in relationships with people who can assist in my career or professional development.
<input type="checkbox"/>	I rarely miss work due to illness.
<input type="checkbox"/>	I am putting aside enough money each month to reach financial independence.
<input type="checkbox"/>	My earnings outpace inflation, consistently.

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### D. RELATIONSHIPS

<input type="checkbox"/>	I have told my parents in the last three months that I love them.
<input type="checkbox"/>	I get along well with my sibling(s).
<input type="checkbox"/>	I get along well with my co workers and/or clients.
<input type="checkbox"/>	I get along well with my manager and/or staff.
<input type="checkbox"/>	There is no one who I would dread or feel uncomfortable running across (in the street, at an airport, or at a party).
<input type="checkbox"/>	I put people first and results second.
<input type="checkbox"/>	I have let go of the relationships that drag me down or damage me. ("Let go" means to end, walk away from, state a problem with, handle, or no longer be attached to.)
<input type="checkbox"/>	I have communicated or attempted to communicate with everyone who I have damaged, injured, or seriously disturbed, even if it wasn't fully my fault.
<input type="checkbox"/>	I do not gossip or talk about others.
<input type="checkbox"/>	I have a circle of friends and/or family who love and appreciate me for who I am, more than just what I do for them.
<input type="checkbox"/>	I tell people how they can satisfy me.
<input type="checkbox"/>	I am fully caught up with letters and calls.
<input type="checkbox"/>	I always tell the truth, no matter what.
<input type="checkbox"/>	I receive enough love from people around me to feel good.
<input type="checkbox"/>	I have fully forgiven those people who have hurt or damaged me, whether it was deliberate or not.
<input type="checkbox"/>	I am a person of my word; people can count on me.
<input type="checkbox"/>	I quickly clear miscommunications and misunderstandings when they do occur.
<input type="checkbox"/>	I live life on my terms, not by the rules or preferences of others.
<input type="checkbox"/>	There is nothing unresolved with my past loves or spouses.
<input type="checkbox"/>	I am in tune with my wants and needs and get them taken care of.
<input type="checkbox"/>	I do not judge or criticise others.
<input type="checkbox"/>	I do not take personally the things that people say to me.
<input type="checkbox"/>	I have a best friend or soul mate.
<input type="checkbox"/>	I state requirements rather than complaining.
<input type="checkbox"/>	I spend time with people who don't try to change me.