

1. What is your level of Physical Activity on a daily basis?

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2. How much medicine are you taking?

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3. Are you taking supplements at random or for a purpose?

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a.) If taking supplements, do you know the quality and for what benefit?

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4. Is your environment free of toxins?

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5. Do you know what toxins to avoid?

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6. Are you cognizant of your breathing?

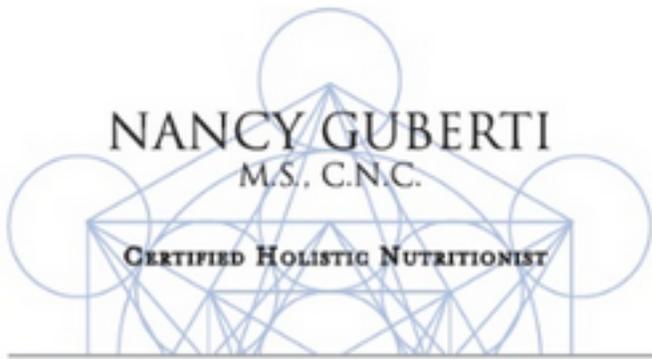
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7. Do you incorporate healing practices such as meditation, yoga, quietness?

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8. Do you put time and thought into what you are drinking and eating and why?

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9. Do you mindfully eat? Portion control?

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10. Quality of Sleep?

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11. Overall happiness: What is your overall mental and emotional health?

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12. What is the quality of connections to family and friends?

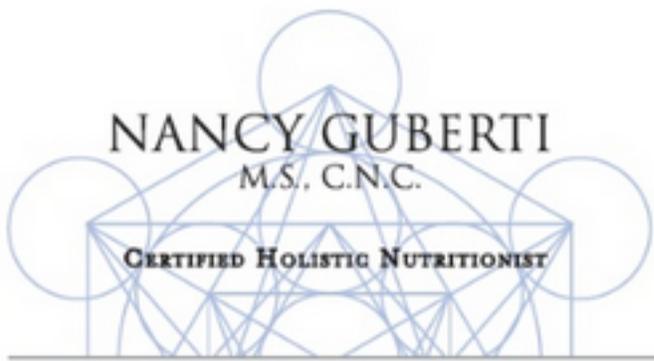
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13. What is your ability to face your fears and move on? What's holding you back?

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14. How is your mindset? half-full or half-empty?

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**Obstacles -- Self-Sabotaging actions, thoughts, behaviors**

What do you feel are the obstacles or your potential actions, behaviors or activities that could impede your progress towards accomplishing your healthy lifestyle goals

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Think of three methods that you plan to use to overcome these obstacles:

1. 

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2. 

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3. 

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Answer honestly so you have a starting point to develop additional strengths and work on areas of improvement.

Added bonus:

Once completed, if you want me to review it then send me a copy.