



The information below will assist you in understanding what is going on in your life and to be more aware of the Mindset you have. Answer each question as honestly as you can and keep in mind that there are no 'right' answers to them. Notice though what comes up for you and be kind to yourself as you go through it.

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## Basic Physical Overview- how is your physical body?

Age	_____			
Sex	_____			
Weight	_____			
Is your weight	___Below Average	___ Average	___Above Average	
Fitness	___Unfit	___ Fit	___Very Fit	
Amount of Alcohol you drink	___Don't	___ Moderate	___A lot/ Binge	
Amount of Sleep you get each night	___less than 6 hours	___ 7-9 hours	___More than 9 hours	
Energy levels each day	___Sluggish	___ Okay	___Energised	

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## Basic Mental Overview- how are you coping with life?

How stressed are you each day?	___Below Average	___ Average	___Above Average	
Is there a lot of drama in your life each day?	___No/Moderate	___ Some	___A lot of drama	
Do you have people you can talk openly to?	___No	___ Yes	___A Lot of people	
Do you reach out to friends/family when you need help?	___No	___ Sometimes	___All the time	
Are you doing what you love in your life?	___No	___ Some of it	___Yes, and more	
Do you have social outlets- sports, hobbies etc.?	___No	___ A little bit	___ All the time	

*Important Note: If when completing this you have any serious physical or mental concerns then please consult a trained medical specialist immediately- this is **not** a tool to replace professional medical treatment, but a self-monitor tool to assist you with understanding where you are at. Its aim is to assist you in better managing the different areas of your life so you can support your Mindset.*



## Mindset Overview-

### how aware are you when living your life?

- |  |                             |                                      |   |
|--|-----------------------------|--------------------------------------|---|
| Are your social online networks the first thing you re-connect with when you wake up?  | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Everyday         |
| Do you take time away from your devices each day?                                      | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Everyday         |
| Do you take quiet time out for yourself or to meditate each day?                       | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Everyday         |
| Do you disconnect from what is going on in the world regularly?                        | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Everyday         |
| Do you know your life's purpose?   | <input type="checkbox"/> No | <input type="checkbox"/> Maybe bits  | <input type="checkbox"/> Yes, its clear   |
| Are you living your life in a way that is aligned with your life's purpose?            | <input type="checkbox"/> No | <input type="checkbox"/> Parts of it | <input type="checkbox"/> Yes, its in line |
| Have you connected to your integrity- i.e. what is right or wrong for you?             | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, always      |
| Are you doing what you love in your life?  | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, I love it   |
| Do you organise a lot of people at work/ at home/ in the community?                    | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> All the time     |
| Are you wealthy money wise?  | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, wealthy     |
| Do you have a lot of freedom with what you do in your time?                            | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, freedom     |
| Do you have good health mentally, physically and emotionally?                          | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, and more    |
| Do you have a list for the day/week/month of what you plan to do?                      | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, I plan      |
| When meeting up with friends/family are you always clear about why you are meeting up? | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, its clear   |
| Do you manage your energy levels through the day and know when to drink, eat, rest?    | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, I manage    |
| Do you communicate your needs clearly to those around you?                             | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, I'm clear   |
| Is the environment where you <b>live</b> supportive and nurturing for you to be you?   | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, it supports |
| Is the environment where you <b>work</b> supportive and encourages you to be you?      | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes   | <input type="checkbox"/> Yes, it supports |

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