

Morter B.E.S.T. "20 Point Self Assessment Questionnaire"

Note: This is personal, private and completely confidential...for your use only! Please be as open and as honest as possible. Don't hold back anything. Write names or events in "code" if necessary! Be brutally honest!

These questions will help **you** access **your** concerns during this program and the body balancing procedures. This is a must!

(1) Name (any name you have ever gone by)

(2) List the most significant positive event in your life

(3) List the worst thing that ever happened to you in your life.

(4) Have you ever had your heart broken by someone or something? _____ If so, write it down.

(5) What positive event are you looking forward to in the future?

(6) What negative event(s) are you dreading in the future?

(7) What time of day do you feel the best? _____ Worst? _____ Do you rely on your doctor to heal you? _____ Do you take active measures to heal yourself? _____ Do you rely on drugs, pain relievers, or sleep aids to just get by?

(8) What excites you most about your business, job, occupation, school?

(9) What frustrates you most in your job, fun in relationships, school, etc?

(10) Who in your family do you have the most challenges with?

_____ Is there anyone you have intentionally **not** spoken to in years? _____ What about your primary relationship (family, spouse, etc.) excites you the most? _____

Challenges you the most? _____

(11) Have you ever been totally in love? _____ Now?

(12) Do you earn enough money? _____ Have enough? _____ Stress over money? _____ Have a plan for more money? _____ Do you feel confident your money plan will take care of your family? _____

(13) Do you love life? _____ Are you depressed about life? _____ Are you attracting friends and relationships and circumstances that you like/love/and that enrich your life? _____

(14) Do you know how to listen to what your body tells you? _____ How often do you exercise? _____ Do you say affirmations or belief builders every day? _____

(15) Do you find yourself in arguments often? _____ Do you have to win? _____ Are you always right? _____ Are you flexible? _____ Do you often think about or actually interrupt a conversation? _____ Do you 1-up someone often? _____

(16) Are you growing and learning right now? _____ How often do you interrupt a conversation with, ..." I already know that!" _____

How many times a day, if ever, do you say "I'm sorry"? _____

(17) What do you think made you sick or why are you sick? _____

(18) Do you believe you are worthy of getting well.... ever? _____ In three days?

_____ Right now? _____ Do you blame God for your condition? _____ Daily?

(19) Do you have a set of goals or a plan for health? _____ List the top three goals for the year for your return to great health. _____

(20) How often each week do you eat out? _____ Do you think organic foods are better or just more expensive? _____ Do you eat them? _____

How often do you consume alcohol, caffeine, diet foods, cigarettes? 1, 2, 3 X day or more? Do you eat anything labeled DIET? 1, 2, 3 X day or more?