Holistic Health - Self Assessment

Congratulations in taking the first step towards having a greater knowledge and understanding of your current health and life situation, holistically.

This self assessment e-book has been designed as an exercise in self awareness, to help raise YOUR understanding of your holistic wellness. Having greater self awareness of all aspects of yourself will help you identify areas of your life where you may need to adjust your choices and make changes.

You will be asked a series of questions related to your Physical, Mental, Emotional and Spiritual wellness. (There is also a space for additional notes after each section).

To get the most value and accuracy from this assessment, you should answer honestly and completely from the heart. (Please remember- nobody needs to see this other than you, so please be honest with yourself when considering your answers.)

There are no wrong answers! This is simply an exercise in self awareness, for you to gain a better understanding of which areas of your life and health you wish to heal and change for the better.

I invite you to print a copy and fill it in at your leisure.

Further information regarding my services can be found at www.thecompletebeing.com
Section One – Spiritual Well-being

1. Do you feel a sense of knowing yourself at soul level?

2. Do you have a sense of inner peace knowing you are a divine spiritual being?

3. Do you allow yourself to be guided by your intuition in everyday decision making?

4. Do you seek answers from higher guidance using your when faced with difficult decisions?

5. Do you feel in tune with the cosmic energy flow which connects us all?

6. Are you able to tune into an inner source of peace regardless of external circumstances?

7. Do you feel you have a clear awareness of yourself as being more than just a body and mind?

8. Do you allow yourself to be guided by your higher self or spirit guides?

9. Do you feel the unconditional love from higher sources? (Universal life force, source energy, god, angels, spirit, guides, guardians etc.)

10. Are you aware of whom you are at soul level? (Your soul group, soul health, incarnation history, divine gifts, soul specialisations etc.)

11. Do you view yourself as being divine and connected to divine source energy?

12. Do you feel connected to nature, the Earth and humanity energetically?

13. Do you actively engage in personal or spiritual development or practices? (Prayer, affirmations, meditation, psychic readings and clearing, energy work, reiki, yoga etc.)

14. Do you regularly engage in hobbies and creative or expressive pursuits?
15. Do you experience your consciousness as light and expansive?

16. Do you feel your life is connected to part of a larger cosmic energy flow?

17. Do you feel you are truly living your divinity? (Being the best of yourself, using your divine gifts, talents and strengths)

18. Do you feel it is your purpose to express and experience your divinity and uniqueness in life?

19. Do you believe that YOU are the creator of your own reality and your life is how it is because of YOUR choices?

Addition notes about your spiritual wellness - A brief description of your current situation.
Section Two – Mental / Emotional Wellbeing.

1. Are you happy in the choices you’ve made for yourself in life so far?

2. Are you comfortable and confident in making your own choices? (Do you know exactly what you want in life?)

3. Do you feel you have healthy self esteem? (e.g. realistic pride in yourself, self respect, acceptance, and self worth)

4. Do you laugh often?

5. Do you feel a good sense of self confidence? (Realistic faith in your own abilities)

6. Do you experience fulfilling and supportive intimate relationships? (Romantic/loving relationships)

7. Do you experience fulfilling and supportive family relationships? (Parents, partner, children, extended family etc.)

8. Do you experience fulfilling and supportive friendships? (Friends, co-workers, support groups, communities etc.)

9. Is your life experience mainly free from Anger?

10. Is your life experience mainly free from Fears?

11. Is your life experience mainly free from Judgement?

12. Is your life experience mainly free from Depression?

13. Is your life experience mainly free from Anxiety?

14. Is your life experience mainly free from Boredom?

15. Is your life experience mainly free from Negativity?

16. Is your life experience mainly free from Restlessness?

17. Is your life experience mainly free from Stress?

18. Is your life experience mainly free from Emotional numbness?

19. Is your life experience mainly free from Resentment?

20. When experiencing any of the above emotions, do you process them in a healthy and positive way? (With acceptance and greater understanding)
21. When faced with a challenge, do you try your best to avoid procrastination? (With determination and discipline)

22. Are you able to adapt to changes in circumstances easily? (Without resentment or impatience)

23. Do you practice regular stress management activities? (Relaxation, meditation, exercise, hobbies, massage, reiki etc.)

24. Do you have good levels of focus and concentration? (Without becoming restless, distracted or impatient)

25. When faced with a difference of opinion with others, are you respectful of individual opinion and belief? (Without becoming angry, judgemental or arrogant)

26. Are you able to be assertive regarding your personal needs and boundaries? (Without becoming angry, annoyed or placing blame)

27. When you make mistakes, are you able to admit, accept, learn and move forward? (Without dwelling, judging or beating yourself up)

28. Do you maintain a good balance of work, home, personal and family life?

Additional notes about your mental / emotional wellbeing – A brief description of your current situation.

Section Three – Physical Wellbeing.

1. Do you consider your daily diet to be healthy and balanced?

2. Do you suffer with chronic pain and/or discomfort?

3. Do you eat highly nutritious (organic) food?

4. Do you drink quality filtered water?

5. Do you stay well hydrated throughout the day? (6-8 glasses of water a day)

6. Is your appetite usually healthy? (Sensible portions at sensible times)

7. Do you prepare and cook balanced meals with fresh organic ingredients?

8. Do you avoid processed/packaged foods in favour of fresh foods?

9. Do you avoid fizzy and high sugar beverages?

10. Do you always read the labels on the foods, drinks and household products you buy?

11. Do you check product labels for common toxic ingredients added to foods, drinks and other household products?

12. Do you add additional natural supplements or super-foods to your diet?

13. Do you experience normal healthy digestion? (Free from indigestion, heartburn, excess wind, constipation, pain or bloating etc.)

14. Do you avoid foods which contain ingredients known to be toxic? (Such as aspartame, monosodium glutamate, pesticides, herbicides, heavy metals etc.)
15. Do you regularly detox? Removing the toxic build-up from your body? (Colon cleanse, kidney/liver cleanse, weekly/monthly enema’s etc.)

16. Do you have a strong immune system? (Rarely ill and recover quickly from illness)

17. Do you have healthy (normal range) blood pressure?

18. Do you have healthy cholesterol levels? (Within normal range)

19. Do you have an active lifestyle? (Regular exercise at least 2-3 times a week)

20. Is your weight within the normal healthy range? (Normal bmi, not overweight or underweight)

21. Do you have enough energy to enjoy your lifestyle?

22. Do you have regular healthy sleep patterns? (6-8 hours undisturbed sleep per night)

23. Do you find it easy to fall asleep and stay asleep for the night?

24. Do you wake up feeling refreshed and energised?

25. Are you usually free of pain and physical discomfort? (including headaches, joint and muscle pain)

26. Do you usually have a good sense of physical wellbeing?

27. (Females only) Is your menstrual cycle regular/normal range?

28. Do you experience healthy regular elimination? (bowel movements, urination)

Additional notes about your physical health and wellbeing – A brief description of your current situation.
Bonus section! - Life situation questions

1. Are you happy, fulfilled and satisfied in your current career choice?

2. Are you happy and satisfied with your current living situation, home, location etc.?

3. Are you satisfied with your current income / financial situation?

4. Are you happy, fulfilled and satisfied with your current personal relationships?

5. Are you ready to take steps to further improve your life situation in areas which you’re unsatisfied?

6. Is there anything stopping you from living the life you desire? (Other than yourself! And your choices!)

7. Do you embrace each day in service to others?

8. What are the most important things in life to you personally?
I hope this little exercise has been enlightening, and helped you to uncover some truths about your holistic life situation.

If you are ready for further insight, I invite you to contact me now and schedule a free Skype consultation with me, where we can discuss how I can serve you in moving forward with healing, and your personal journey of transformation.

Contact me now at [www.thecompletebeing.com](http://www.thecompletebeing.com)