



**4. What aspects of those methods worked? What didn't work?**

**5. In your evaluation, where do you think the difficulties stem from?**

**6. Can you identify one (1) or two (2) beliefs that you consider to be self-sabotaging or self-critical (ex: things you say to yourself)?**

**7. List three (3) of your best reasons to improve your difficulties?**

1.

2.

3.

**8. List three (3) things you look forward to, upon achieving your goals?**

1.

2.

3.

**9. Please rate the following areas of your life on a scale of 1 to 10, with 1 being very poor and 10 being excellent.**

- 1. Physical Health** \_\_\_\_\_
- 2. Emotional Health** \_\_\_\_\_
- 3. Relationship (primary)** \_\_\_\_\_
- 4. Friendships** \_\_\_\_\_
- 5. Spiritual Health** \_\_\_\_\_
- 6. Job or career** \_\_\_\_\_
- 7. Financial prosperity** \_\_\_\_\_
- 8. Sense of purpose** \_\_\_\_\_
- 9. Assertive ability** \_\_\_\_\_
- 10. Time management** \_\_\_\_\_

**10. Have you ever been hypnotized? Y or N (If so, describe when, where, why; by whom?)**

**11. Name something that feels good:**

**12. Name your 3 favorite places:**

1.

2.

3.

**13. Name your 3 favorite colors:**

1.

2.

3.

**14. List any hobbies:**

**15. What else would you like me to know about you?**

**16. Are you in therapy or taking medication? If yes, please explain.**

**Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Phone number**

\_\_\_\_\_

**Email**

\_\_\_\_\_