

Habitbusters Ltd.
Health & Lifestyle Assessment (Part 1.)

Personal Info (*Who are you?*)

First Name _____ Last Name _____ Date _____
Address _____ City _____
Phone _____ Fax _____ Email _____
Age _____ Marital Status _____ Spouse's Name _____ Age _____
Kid's Names _____ Ages _____
Occupation _____ How long? _____
Other Interests, Hobbies _____

Starting Point (*How are you?*)

A) What feelings, states, or emotions do you value most in life?
(Please place in sequential order all those that apply, #1 being the best or most important.)

_____ Significance	_____ Success	_____ Intelligence	_____ Achievement
_____ Health	_____ Happiness	_____ Love	_____ Contribution
_____ Security	_____ Adventure	_____ Acceptance	_____ Freedom
_____ Honesty	_____ Compassion	_____ Personal Growth	_____ Excitement
_____ Other _____	_____ Other _____		

B) What feelings, states, or emotions do you dislike the most?
(Please place in sequential order all those that apply, #1 being the worst.)

_____ Insecurity	_____ Frustration	_____ Laziness	_____ Anger
_____ Rejection	_____ Unloved	_____ Unappreciated	_____ Confrontation
_____ Fear	_____ Depression	_____ Physical Pain	_____ Loneliness
_____ Failure	_____ Overwhelm	_____ Embarrassment	_____ Inadequacy
_____ Other _____	_____ Other _____		

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C) In the space below, list all the emotional states you typically experience at least once a week.

Positive Emotions	Negative Emotions

D) Fill in the blanks with a single word or phrase which you now believe is true:

1. People are _____
2. Life is _____
3. I am _____
4. Money is _____
5. Health is _____

E) What are the critical habits or behaviors you would now like to improve, or eliminate from your life?

F) What are those habits currently costing you each month in terms of time, money, or quality of life?

G) What are your main reasons for wanting to break your habit?

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Goals (*Where do you want to go?*)

List any personal goals you may have at the moment:

1. _____
2. _____
3. _____

What do you hope to accomplish by participating in this presentation or program?

How will you know when you have achieved that objective?

What is the most important question you would like answered right now?

Please do not write in this space - Office Use Only

Intake #	Comments:
Orientation Date:	
Start Date:	