

PERSONAL APPEARANCE

List the actual facts about your appearance in Column One.
In Column Two, list what you wish the facts were if you could choose.

	<u>COLUMN ONE</u>	<u>COLUMN TWO</u>
1. Height	_____	_____
2. Weight	_____	_____
3. Hair Color	_____	_____
4. Hair Type (straight, curly, thick, thin, etc.)	_____	_____
5. Figure Type	_____	_____
6. Complexion Coloring	_____	_____
7. Eyes (Color)	_____	_____
8. Nose	_____	_____
9. Hands	_____	_____
10. Mouth	_____	_____
11. Feet	_____	_____
12. Others	_____	_____

Now . . . Cross out the facts you cannot change. What is left?
Are you willing to do something about them?