- -DO YOU PAY CLOSE ATTENTION TO YOUR BODY FOR ILLNESS?
- -DO YOU WAKE EACH DAY FEELING VIBRANT AND HEALTHY?
- -HOW MUCH MEDICINE DO YOU KEEP IN YOUR MEDICINE CABINET?
- -WHAT, IF ANY, EXERCISE EQUIPMENT DO YOU HAVE?
- -HOW MUCH WATER DO YOU DRINK DAILY?
- -DO YOU HAVE A PERSONAL TRAINER?
- -IS GOOD HEALTH ONE OF THE MOST IMPORTANT THINGS IN YOUR LIFE?
- -DO YOU PRACTICE DEEP BREATHING?
- -HOW AWARE ARE YOU OF YOUR FAT AND CHOLESTEROL INTAKE?
- -DO YOU SNACK BETWEEN MEALS?
- -DO YOU TAKE ANY NUTRITIONAL SUPPLEMENTS SUCH AS VITAMINS, ENZYMES, MINERALS, ANTIOXIDENTS ETC.?
- -DO YOU KEEP HEALTHY THROUGH POSITIVE THINKING & VISUALIZATION?
- -DO YOU EXERCISE REGULARLY? -ARE YOU INVOLVED IN A REGULAR EXERCISE PROGRAM? IF SO, WHAT IS IT?
- -HOW HAPPY ARE YOU WITH YOUR PHYSICAL HEALTH?
- -DO YOU PAY ATTENTION TO YOUR BODY SPEAKING TO YOU?
- -DO YOU REGULARLY STAY IN MOTION THROUGH FUN RECREATIONAL ACTIVITY?
- -DO YOU GET ENOUGH REST?
- -WHAT DO YOU DO TO GET YOUR ENDORPHINS PUMPING?
- -HOW MUCH DO YOU USE THE SO-CALLED WHITE POISONS OF SALT, SUGAR AND WHITE FLOUR?
- -DO YOU SMOKE? IF SO, HOW MUCH?
- -WHAT'S YOUR DAILY CAFFEINE INTAKE?
- -DO YOU TAKE TIME TO RELAX, MEDITATE, FOCUS?
- -DO YOU HAVE HEALTHY OUTLETS FOR NEGATIVE EMOTIONS?
- -DO YOU LOOK AND FEEL HEALTHY?
- -WHAT ARE YOUR CURRENT HEALTH CONCERNS?
- -WHAT WOULD YOU LIKE YOUR IDEAL HEALTH TO BE?
- -WHAT IS THERE ABOUT YOUR HEALTH THAT YOU FOCUS A LOT OF ATTENTION ON?
- -DO YOU HAVE AN ABUNDANCE OF ENERGY TO DO ALL YOU WANT TO DO IN YOUR DAY?
- -WHAT DO YOU ACTIVELY DO TO KEEP PHYSICALLY FIT?
- -DO YOU HAVE TROUBLE SLEEPING?
- -ON THE AVERAGE HOW MUCH SLEEP DO YOU GET EACH NIGHT?