HEALTHY SELF-TALK PERSONAL EVALUATIONS

Identifying what you believe in the four categories below can be very helpful in taking action to erase and then replace your unhealthy dominant thoughts. Next to each positive statement below, place a Y for yes or an N for No based on your current belief. Pay special attention to the No's and consider writing down these positive statements and memorizing one or two in each category and saying them 2-3 times per day over the months ahead.

My Mental and Spiritual Perspective

- _____ I see myself as a fully accepted and loved child of God.
- _____ My choices and actions are mostly based on my desire to honor God.
- _____ I am thankful for the body and mind God has given me.
- _____ I usually try honor God with my lifestyle habits.
- _____ I see my body as a gift from God and take responsibility for my health.
- _____ I focus on progress over perfection and give myself grace when I slip into unhealthy habits.
- _____ I surrender my weaknesses to God and rely on his strength for the moment.
- _____ My personal goals are realistic and honor God.
- _____ I take small steps toward my goals each day.
- I know that with God's help, I can overcome my habits and have a healthy mind and body.
- I recognize when my thinking is unhealthy and take positive action to change it.
- _____ I renew my mind with God's truth each day.
- _____ Each day, I choose to submit my body, mind, and spirit to God.
- _____ I pray daily for God's power to walk in the Spirit and not fulfill the desires of my flesh.

My Nutrition Habits

- _____ I think about what I eat and how it impacts my health.
- _____ I have high energy to do all the things I want and need to do.
- _____ I read labels and choose many foods based on that information.
- _____ I eat two to three servings of fruit each day.
- _____ I eat three to four servings of vegetables each day.
- _____ I carefully choose the grains I eat and limit processed foods to only occasional "planned indulgences
- _____ I drink an average of four to eight ounces of water most hours I am awake.
- _____ I fast for at least 12 hours most days to give my body a metabolic rest.
- _____ I eat a good source of protein and fiber for my first meal of the day.
- _____ I limit my empty calories to less than ten to fifteen percent of my total diet.
- _____ I limit caffeine and other stimulants such as over-the-counter diet aids.
- _____ I take a multivitamin supplement and antioxidant supplement daily.
- _____ I eat only when I'm hungry and I stop eating when I'm moderately full.
- _____ I choose to eat healthy fats like olive, coconut, an avocado oil and avoid vegetable oils.

Activity & Exercise Habits

- _____ I crave activity and find ways to move throughout my day.
- _____ I enjoy exercise and how it makes my body feel.
- _____ I walk or get purposeful exercise at least four times per week.
- _____ I have high energy to do all the things I want and need to do.
- _____ I make exercise and activity a priority in my life.
- _____ I understand the need for aerobic, strength, and flexibility training.
- _____ I engage in aerobic activity four or more times per week.
- _____ I take the stairs or park far away whenever I can.
- _____ I monitor my heart rate and know I am exercising safely.
- _____ I am injury free and able to engage in most activities.
- _____ Being healthy and fit is important to me.
- _____ I listen to my body and know what it needs.
- _____ I wear appropriate and quality shoes for exercise.
- _____ I can walk at a fast pace and still carry on a conversation.
- _____ I work out my major muscle groups two to three times each week.
- _____ I can easily touch my toes without bending my knees.
- _____ I maintain strong abdominal muscles.