

## MY MENTAL DIET PROFILE

*A Written Exercise*



**P**ositive thoughts and images are those which open us to the flow of healing prana; negative ones close or block those channels.

### ***My physical constitution***

*When you think of your physical health, which words come to mind? Check each word that describes you.*

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> STRONG            | <input type="checkbox"/> WEAK      | <input type="checkbox"/> RESISTANT TO SEASONAL ILLNESSES  |
| <input type="checkbox"/> DYNAMIC           | <input type="checkbox"/> DECLINING | <input type="checkbox"/> VULNERABLE TO SEASONAL ILLNESSES |
| <input type="checkbox"/> RELATIVELY STRONG | <input type="checkbox"/> PAINFUL   | <input type="checkbox"/> ANXIOUS ABOUT GETTING SICK       |
| <input type="checkbox"/> ACTIVE            | <input type="checkbox"/> FLEXIBLE  |   |
| <input type="checkbox"/> SEDENTARY         | <input type="checkbox"/> STIFF     |   |

What are your physical strengths?

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What are your physical limitations?

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Describe the image of your physical condition that is foremost in your mind

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### ***My energy level***

*Next to each point write either Low, Medium, High or Exceptional energy*

WHEN I AWAKE IN THE MORNING \_\_\_\_\_ MORNING UP UNTIL LUNCH \_\_\_\_\_

AFTERNOON AFTER LUNCH \_\_\_\_\_ EVENING UNTIL BEDTIME \_\_\_\_\_

THE ENERGY LEVEL I APPLY TO MY WORK \_\_\_\_\_

THE ENERGY LEVEL I APPLY TO MY IMPORTANT RELATIONSHIPS \_\_\_\_\_

MY ENERGY LEVEL WHEN FACED WITH DIFFICULTIES/UNEXPECTED SITUATIONS \_\_\_\_\_

OVERALL ENERGY \_\_\_\_\_

What words do you use to describe your general level of energy? What image do you hold of yourself as a being of energy?

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## ***My talents and capabilities***

With what abilities and talents were you born?

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What talents and know-how have you acquired?

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In what areas and activities are you creative?

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What are you not capable of doing (that you would like to do)?

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Describe the image you hold of yourself in terms of your abilities.

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## ***My mental powers***

*Next to each point write either Low, Medium, High or Exceptional*

MY ABILITY TO CONCENTRATE \_\_\_\_\_ MY ABILITY TO REMEMBER \_\_\_\_\_

MY WILLPOWER \_\_\_\_\_ MY ABILITY TO DEAL WITH DIFFICULTIES \_\_\_\_\_

STAMINA: MY ABILITY TO SEE PROJECTS THROUGH TO THE END \_\_\_\_\_

## ***My emotional nature***

*Which of these words would you use to describe yourself in this regard?*

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> CALM      | <input type="checkbox"/> EXCITABLE            | <input type="checkbox"/> DEFENSIVE       |
| <input type="checkbox"/> STEADY    | <input type="checkbox"/> FRAGILE              | <input type="checkbox"/> EASILY OFFENDED |
| <input type="checkbox"/> RELIABLE  | <input type="checkbox"/> FLEXIBLE             | <input type="checkbox"/> CONFIDENT       |
| <input type="checkbox"/> NERVOUS   | <input type="checkbox"/> ANXIOUS/APPREHENSIVE | <input type="checkbox"/> EXTROVERTED     |
| <input type="checkbox"/> IRRITABLE | <input type="checkbox"/> FEARFUL              | <input type="checkbox"/> INTROVERTED     |
| <input type="checkbox"/> RESILIENT | <input type="checkbox"/> COMBATIVE            | <input type="checkbox"/> TIMID           |

### ***My thoughts about others***

*How would you describe yourself in your relationship with others? Choose as many as appropriate.*

- |  |                                      |                                   |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> UNDERSTANDING | <input type="checkbox"/> OPINIONATED | <input type="checkbox"/> PATIENT  |
| <input type="checkbox"/> COMPASSIONATE | <input type="checkbox"/> SUPPORTIVE  | <input type="checkbox"/> TRUSTING |
| <input type="checkbox"/> ACCEPTING     | <input type="checkbox"/> COOPERATIVE | <input type="checkbox"/> WARY     |
| <input type="checkbox"/> CRITICAL      | <input type="checkbox"/> TIMID       |                                   |
| <input type="checkbox"/> JUDGMENTAL    | <input type="checkbox"/> IMPATIENT   |                                   |

Which of the above words describe your relationship with your current life partner?

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With your children?

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With your siblings or other significant relatives?

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With your colleagues?

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With your neighbors?

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With your friends?

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### ***How others see me***

Their positive views

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Their negative judgements

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