**Check Your Thoughts, Beliefs & Decisions**

**Read the following statements and note how often each statement applies to you on a level of 0 to 3. Mark your answers in the space provided.**

0 = Never 1 = Sometimes 2 = Often 3 = Always

\_\_\_ I am not knowledgeable enough; this is why I am reluctant to change anything in my life.

\_\_\_ I don’t believe in myself.

\_\_\_ I’ve never been given a chance.

\_\_\_ I wish I had more self -confidence.

\_\_\_ I have fear of rejection.

\_\_\_ I pretend to be self-assured, but inside I am very timid.

\_\_\_ I am afraid of a challenge. In fact, I hate it. It’s just too hard.

\_\_\_ I feel resentful and critical when looking at successful people. Why not me?

\_\_\_ I have done a lot of inner work and have applied the Law of Attraction, yet I have not succeeded.

\_\_\_ I get anxious when I step outside of my comfort zone.

\_\_\_ I made mistakes in my past, which led to deep hurt. Never again.

\_\_\_ I feel guilty, even when I don’t do anything wrong.

\_\_\_ I had a difficult childhood. I’ll never overcome that.

\_\_\_ I blow up at my spouse/kids and it’s always their fault. They really make me angry.

\_\_\_ I worry that I am not a good enough parent to my children.

\_\_\_ I can’t discipline myself enough.

\_\_\_You have to put up with things you don’t like. That’s life.

\_\_\_ I’m afraid of heartbreak because I was betrayed in a previous relationship.

\_\_\_ My family does not appreciate or understand me.

\_\_\_ I am not important.

\_\_\_I am always worried about what other people will say about me if I do or don’t do something.

\_\_\_I’ve had lots of emotional pain in my life.

\_\_\_ I should be happy and grateful for what I have. Why try for more?

\_\_\_ I have too much on my plate.

\_\_\_I had a lot of hardships in my life and I feel worn out. **Total Points: \_\_\_\_\_\_\_\_**

**Florida Discipleship Conference!!**

**Join Us Saturday @ 4:30 p.m.**

**Room Antigua 1-4**

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**When have you felt angry?**

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**When have you felt sadness/grief?**

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**When have you felt fear/worry/anxiety?**

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**When have you felt hurt?**

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**When have you felt guilty?**

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