



**ADVANCED HEALTH SERVICES, LLC**

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXPLORATION OF SELF**

Please, answer the following questions with great details.

1. List the characteristics that you would like to change about yourself and for what reason: \_\_\_\_\_

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2. Identify your negative beliefs: \_\_\_\_\_

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3. List your internally established limitations or restrictions: \_\_\_\_\_

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4. List the traits that you like about yourself (including physical and psychological qualities): \_\_\_\_\_

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5. List the traits that you do not like about yourself (including physical and psychological qualities): \_\_\_\_\_

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6. Describe yourself, as if to a possible companion: \_\_\_\_\_

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Additional characteristics of factors that you consider important: \_\_\_\_\_

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