

THE LIT SCALE

LEVEL	THOUGHT PATTERNS	RELATIONSHIPS	SELF CARE / HEALTH	AFFIRMATIONS	COMMON PHYSICAL SYMPTOMS
LIT	<ul style="list-style-type: none"> <input type="checkbox"/> Intuitive / in power <input type="checkbox"/> Strong <input type="checkbox"/> Positive self-talk <input type="checkbox"/> Knows all happens for a reason <input type="checkbox"/> Gratitude / love 	<ul style="list-style-type: none"> <input type="checkbox"/> Always evolving <input type="checkbox"/> No need for outside approval <input type="checkbox"/> Synchronicities <input type="checkbox"/> Life is easy <input type="checkbox"/> Influences others just by energy, smile, etc. 	<ul style="list-style-type: none"> <input type="checkbox"/> Listens to body <input type="checkbox"/> Not tempted by unhealthy foods <input type="checkbox"/> Strong and healthy <input type="checkbox"/> Meditation daily <input type="checkbox"/> Natural healing works best 	<p>"I am in my power, flowing with life, filled with gratitude, and able to manifest my dreams."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Clarity <input type="checkbox"/> Vibrance <input type="checkbox"/> Stamina and good recovery <input type="checkbox"/> Able to maintain healthy weight <input type="checkbox"/> Balanced <input type="checkbox"/> Occasional bright symptoms
BRIGHT	<ul style="list-style-type: none"> <input type="checkbox"/> Occasional setbacks in thought patterns <input type="checkbox"/> Positive / excited <input type="checkbox"/> Passionate <input type="checkbox"/> Able to say no <input type="checkbox"/> Still need feedback and approval 	<ul style="list-style-type: none"> <input type="checkbox"/> Positive mindset <input type="checkbox"/> Helping others become more aware <input type="checkbox"/> Happy <input type="checkbox"/> Open / trusting <input type="checkbox"/> Working on releasing attachments 	<ul style="list-style-type: none"> <input type="checkbox"/> Seeking natural treatments <input type="checkbox"/> Exercises / moves <input type="checkbox"/> Daily self-care (meditation / quiet) <input type="checkbox"/> Healthy diet, few temptations <input type="checkbox"/> Meds only in need 	<p>"I am healthy, bright, and full of excitement for my future."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Sometimes wired or tired <input type="checkbox"/> Stamina not quite there <input type="checkbox"/> Weight up and down <input type="checkbox"/> Night waking <input type="checkbox"/> Visual changes <input type="checkbox"/> Occasional headache / neck pain / brain fog
MEDIUM	<ul style="list-style-type: none"> <input type="checkbox"/> Hopeful / desire <input type="checkbox"/> Finding courage <input type="checkbox"/> Willingness <input type="checkbox"/> People pleaser <input type="checkbox"/> Success leads to self-sabotage 	<ul style="list-style-type: none"> <input type="checkbox"/> Trying to choose positivity <input type="checkbox"/> Open to change <input type="checkbox"/> Stopping blame <input type="checkbox"/> More open and honest <input type="checkbox"/> Reevaluating who to spend time with 	<ul style="list-style-type: none"> <input type="checkbox"/> Plans more defined <input type="checkbox"/> Habits improving <input type="checkbox"/> Some setbacks / not yet easy <input type="checkbox"/> Trying to improve diet <input type="checkbox"/> Getting off meds for symptoms 	<p>"I am making lasting changes to create a happy and successful life."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Wired but tired <input type="checkbox"/> Neck / back pain <input type="checkbox"/> Bloating / constipation <input type="checkbox"/> Brain fog / headaches <input type="checkbox"/> Hormonal issues
DIM	<ul style="list-style-type: none"> <input type="checkbox"/> Finding courage <input type="checkbox"/> Willingness to change <input type="checkbox"/> Compare yourself to others <input type="checkbox"/> Waking up to ability to shift <input type="checkbox"/> Self-doubt 	<ul style="list-style-type: none"> <input type="checkbox"/> In a rut <input type="checkbox"/> Often indecisive <input type="checkbox"/> Change seems hard <input type="checkbox"/> Surface conversations <input type="checkbox"/> Desire stronger connections 	<ul style="list-style-type: none"> <input type="checkbox"/> Fast food or emotional eating <input type="checkbox"/> Trying to exercise but sporadic <input type="checkbox"/> May be on some meds for glucose, cholesterol or BP <input type="checkbox"/> Lots of excuses 	<p>"I have the courage and strength to move forward. I am in control of my life."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fatigue <input type="checkbox"/> Autoimmune issues <input type="checkbox"/> IBS / Gerd <input type="checkbox"/> Hypertension <input type="checkbox"/> High blood sugar / diabetes <input type="checkbox"/> Weight issues
FLICKER	<ul style="list-style-type: none"> <input type="checkbox"/> Fear-based <input type="checkbox"/> Victim mentality <input type="checkbox"/> Negative self-view <input type="checkbox"/> Hopeless <input type="checkbox"/> Complaints 	<ul style="list-style-type: none"> <input type="checkbox"/> Negative or abusive <input type="checkbox"/> Blames others for situations <input type="checkbox"/> Resentment <input type="checkbox"/> Bored / no aspiration <input type="checkbox"/> Insecure / jealous <input type="checkbox"/> Isolated / lonely 	<ul style="list-style-type: none"> <input type="checkbox"/> No regard to diet <input type="checkbox"/> Alcohol and drug use <input type="checkbox"/> Disconnect to self <input type="checkbox"/> Don't make time for exercise <input type="checkbox"/> May be on multiple meds for symptoms 	<p>"I am supported and have the ability to change my life."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Accident prone <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Sickly / pain <input type="checkbox"/> Adrenal shutdown