


# THE LIT SCALE

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