

ENVISION & CREATE, LLC

Transforming Individual and Team Performance

The Clean Sweep Program

Introduction

You have more natural energy when you are complete with your environment, well-being, money and relationships. The Clean Sweep program consists of 100 items which, when completed, give you the vitality and strength that you want. The program can be completed in less than one year. Congratulations on starting this one!

Instructions

1. Answer each question. Be rigorous with yourself. If the statement is sometimes or usually true, please do not check the YES box until the statement is virtually always true for you. If the statement does not apply to you, or will never be true for you then check the YES box. You get credit because it doesn't apply or won't ever happen.
 2. Print this form so that you will have a record of your responses, and a reminder of the areas of improvement.
-

Environment

- | No | Yes | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. My personal files, papers and receipts are neatly filed away. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. My car is in excellent condition. (Doesn't need mechanical work, repairs, cleaning or replacing.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My home is neat and clean. (Vacuumed, closets clean, desks and tables clear, furniture in good repair; windows clean) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. My appliances, machinery and equipment work well. (Refrigerator, toaster, snow-blower, water heater, toys) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. My clothes are all pressed, clean and make me look great. (No wrinkles, baskets of laundry, torn, out of date or ill-fitting clothes) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. My plants and animals are healthy. (Fed, watered, getting light and love) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. My bed/bedroom lets me have the best sleep possible. (Firm bed, light, air) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I live in a home/apartment that I love. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I surround myself with beautiful things. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I live in the geographic area of my choice. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. There is ample and healthy lighting around me. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I consistently have adequate time, space and freedom in my life. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I am not damaged by my environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. I am not tolerating anything about my home or work environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. My work environment is productive and inspiring. (Synergistic, ample tools, and resources; no undue pressure) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. I recycle. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. I use non ozone depleting products. |

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- 18. My hair is the way that I want it.
- 19. I surround myself with music which makes my life more enjoyable.
- 20. My bed is made daily.
- 21. I don't injure myself, fall or bump into things.
- 22. People feel comfortable in my home.
- 23. I drink purified water.
- 24. I have nothing around the house or in storage that I do not need.
- 25. I am consistently early or easily on time.

_____ Section Total

Well-Being

- | No | Yes |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 26. I rarely use caffeine. (Chocolate, coffee, colas, tea) less than 3 times per week, total. |
| <input type="checkbox"/> | <input type="checkbox"/> 27. I rarely eat sugar. (Less than 3 times per week) |
| <input type="checkbox"/> | <input type="checkbox"/> 28. I rarely watch television. (Less than 5 hours per week) |
| <input type="checkbox"/> | <input type="checkbox"/> 29. I rarely drink alcohol. (Less than 2 drinks per week) |
| <input type="checkbox"/> | <input type="checkbox"/> 30. My teeth and gums are healthy. (Have seen a dentist in last 6 months) |
| <input type="checkbox"/> | <input type="checkbox"/> 31. My cholesterol count is healthful. |
| <input type="checkbox"/> | <input type="checkbox"/> 32. My blood pressure is healthful. |
| <input type="checkbox"/> | <input type="checkbox"/> 33. I have had a complete physical exam in the past 3 years. |
| <input type="checkbox"/> | <input type="checkbox"/> 34. I do not smoke tobacco or other substances. |
| <input type="checkbox"/> | <input type="checkbox"/> 35. I do not use illegal drugs or misuse prescribed medications. |
| <input type="checkbox"/> | <input type="checkbox"/> 36. I have had a complete eye exam within the past two years. (Glaucoma check, vision-test) |
| <input type="checkbox"/> | <input type="checkbox"/> 37. My weight is within my ideal range. |
| <input type="checkbox"/> | <input type="checkbox"/> 38. My nails are healthy and look good. |
| <input type="checkbox"/> | <input type="checkbox"/> 39. I don't rush or use adrenaline to get the job done. |
| <input type="checkbox"/> | <input type="checkbox"/> 40. I have a rewarding life beyond my work or profession. |
| <input type="checkbox"/> | <input type="checkbox"/> 41. I have something to look forward to virtually every day. |
| <input type="checkbox"/> | <input type="checkbox"/> 42. I have no habits which I find to be unacceptable. |
| <input type="checkbox"/> | <input type="checkbox"/> 43. I am aware of the physical or emotional problems or conditions I have, and I am now fully taking care of all of them. |
| <input type="checkbox"/> | <input type="checkbox"/> 44. I consistently take evenings, weekends and holidays off and take at least two weeks of vacation each year. |
| <input type="checkbox"/> | <input type="checkbox"/> 45. I have been tested for the AIDS antibody. |
| <input type="checkbox"/> | <input type="checkbox"/> 46. I use well made sunglasses. |
| <input type="checkbox"/> | <input type="checkbox"/> 47. I do not suffer. |
| <input type="checkbox"/> | <input type="checkbox"/> 48. I floss daily. |
| <input type="checkbox"/> | <input type="checkbox"/> 49. I walk or exercise at least three times per week. |
| <input type="checkbox"/> | <input type="checkbox"/> 50. I hear well. |

_____ Section Total

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Money

- | No | Yes |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 51. I currently save at least 10% of my income. |
| <input type="checkbox"/> | <input type="checkbox"/> 52. I pay my bills on time, virtually always. |
| <input type="checkbox"/> | <input type="checkbox"/> 53. My income source/revenue base is stable and predictable. |
| <input type="checkbox"/> | <input type="checkbox"/> 54. I know how much I must have to be minimally financially independent and I have a plan to get there. |
| <input type="checkbox"/> | <input type="checkbox"/> 55. I have returned or made-good any money I borrowed. |
| <input type="checkbox"/> | <input type="checkbox"/> 56. I have written agreements and am current with payments to individuals or companies to whom I owe money. |
| <input type="checkbox"/> | <input type="checkbox"/> 57. I have 6 months' living expenses in a money market-type account. |
| <input type="checkbox"/> | <input type="checkbox"/> 58. I live on a weekly budget which allows me to save and not suffer. |
| <input type="checkbox"/> | <input type="checkbox"/> 59. All my tax returns have been filed and all my taxes have been paid. |
| <input type="checkbox"/> | <input type="checkbox"/> 60. I currently live well, within my means. |
| <input type="checkbox"/> | <input type="checkbox"/> 61. I have excellent medical insurance. |
| <input type="checkbox"/> | <input type="checkbox"/> 62. My assets (car, home, possessions, and treasures) are well-insured. |
| <input type="checkbox"/> | <input type="checkbox"/> 63. I have a financial plan for the next year. |
| <input type="checkbox"/> | <input type="checkbox"/> 64. I have no legal clouds hanging over me. |
| <input type="checkbox"/> | <input type="checkbox"/> 65. My will is up-to-date and accurate. |
| <input type="checkbox"/> | <input type="checkbox"/> 66. Any parking tickets, alimony or child support are paid and current. |
| <input type="checkbox"/> | <input type="checkbox"/> 67. My investments do not keep me awake at night. |
| <input type="checkbox"/> | <input type="checkbox"/> 68. I know how much I am worth. |
| <input type="checkbox"/> | <input type="checkbox"/> 69. I am on a career/professional/business track which is or will soon be financially and personally rewarding. |
| <input type="checkbox"/> | <input type="checkbox"/> 70. My earnings are commensurate with the effort I put into my job. |
| <input type="checkbox"/> | <input type="checkbox"/> 71. I have no "loose ends" at work. |
| <input type="checkbox"/> | <input type="checkbox"/> 72. I am in relationships with people who can assist in my career/professional development. |
| <input type="checkbox"/> | <input type="checkbox"/> 73. I rarely miss work due to illness. |
| <input type="checkbox"/> | <input type="checkbox"/> 74. I am putting aside enough money each month to reach financial independence. |
| <input type="checkbox"/> | <input type="checkbox"/> 75. My earnings outpace inflation, consistently. |

_____ Section Total

Relationships

- | No | Yes |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 76. I have told my parents, in the last 3 months that I love them. |
| <input type="checkbox"/> | <input type="checkbox"/> 77. I get along well with my sibling(s). |
| <input type="checkbox"/> | <input type="checkbox"/> 78. I get along well with my co-workers/clients. |
| <input type="checkbox"/> | <input type="checkbox"/> 79. I get along well with my manager/staff. |
| <input type="checkbox"/> | <input type="checkbox"/> 80. There is no one who I would dread or feel uncomfortable "running across". (In the street, at an airport or party) |
| <input type="checkbox"/> | <input type="checkbox"/> 81. I put people first and results second. |
| <input type="checkbox"/> | <input type="checkbox"/> 82. I have let go of the relationships which drag me down or damage me. ("Let go" means to end, walk away from, declare complete, and no longer be attached to) |
| <input type="checkbox"/> | <input type="checkbox"/> 83. I have communicated or attempted to communicate with everyone who I damaged, injured or seriously upset, even if it wasn't fully my fault. |
| <input type="checkbox"/> | <input type="checkbox"/> 84. I do not gossip or talk about others. |
| <input type="checkbox"/> | <input type="checkbox"/> 85. I have a circle of friends/family that love and appreciate me for who I am more than just what I do for them. |
| <input type="checkbox"/> | <input type="checkbox"/> 86. I tell people how they can satisfy me. |
| <input type="checkbox"/> | <input type="checkbox"/> 87. I am fully caught up with letters and calls. |
| <input type="checkbox"/> | <input type="checkbox"/> 88. I always tell the truth, no matter what. |
| <input type="checkbox"/> | <input type="checkbox"/> 89. I receive enough love from people around me to feel good. |
| <input type="checkbox"/> | <input type="checkbox"/> 90. I have fully forgiven those people who have hurt/damaged me, intentional or not. |
| <input type="checkbox"/> | <input type="checkbox"/> 91. I am a person of his/her word; people can count on me. |
| <input type="checkbox"/> | <input type="checkbox"/> 92. I quickly correct miscommunications and misunderstandings when they do occur. |
| <input type="checkbox"/> | <input type="checkbox"/> 93. I live life on my terms, not by the rules or preferences of others. |
| <input type="checkbox"/> | <input type="checkbox"/> 94. I am complete with past loves or spouses. |
| <input type="checkbox"/> | <input type="checkbox"/> 95. I am in tune with my wants and needs and get them taken care of. |
| <input type="checkbox"/> | <input type="checkbox"/> 96. I do not judge or criticize others. |
| <input type="checkbox"/> | <input type="checkbox"/> 97. I do not "take personally" the things that people say to me. |
| <input type="checkbox"/> | <input type="checkbox"/> 98. I have a best friend or soul-mate. |
| <input type="checkbox"/> | <input type="checkbox"/> 99. I make requests rather than complain. |
| <input type="checkbox"/> | <input type="checkbox"/> 100. I spend time with people who don't try to change me. |

_____ _____ Section Total

_____ _____ **Grand Total**