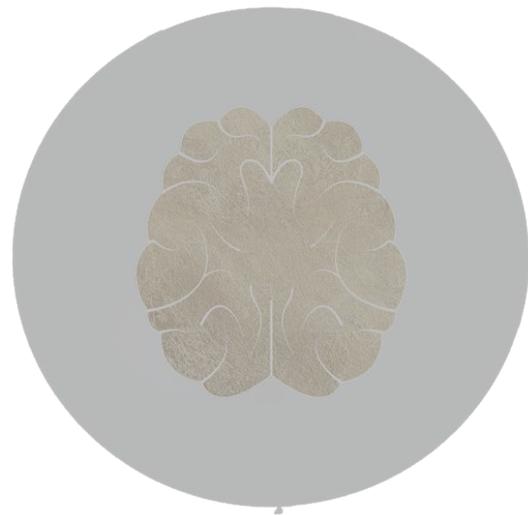




Module Six

High Performance Mindset Worksheet Check List

- Core Beliefs Audit
- Self-Awareness Audit
- Feedback Audit





High Performance Mindset

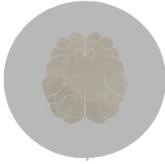
Core Beliefs Audit

Examine the negative core beliefs you have uncovered in Module Five. Create a new, high performance belief to replace your negative core belief. Highlight which new core belief resonates most with you.

	Negative Core Belief	High Performance Belief
1		
2		
3		
4		
5		
6		

Additional thoughts/reflection:



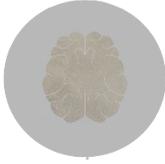


High Performance Mindset

Self-Awareness Audit

Please rate the following questions on a scale from 1-10	
1= never/ very low 10 = almost always/ very high	
Please rate your current level of stress?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
Please rate your general level of anxiety?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
Please rate your current ability to cope with stress?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
Please rate your general level of self-confidence?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
How much does your stress affect you?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
How does your stress affect you?	
How much does your stress affect your family?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10
If rating is greater than 50%, how?	
How much would you benefit from getting some support to manage stress?	<input type="text"/> 0 <input type="text"/> 5 <input type="text"/> 10





High Performance Mindset

Feedback Audit

Ask a partner, family member or friend to complete this audit as a way to gather feedback. Share it with several people to gather multiple perspectives.

In thinking about participant, please rate the following questions on a scale from 1-10	
1 = never/ very low 10 = almost always/ very high	
The participant seems very stressed or worried.	0 _____ 5 _____ 10
The participants stress or worry has an impact on you	0 _____ 5 _____ 10
When the participant gets stressed or worried...	
What do you see them doing or not doing that is unhelpful?	
How do you feel when they get stressed or worried?	
What do you need from them in these moments?	
When you need to talk, the participant listens attentively	0 _____ 5 _____ 10
You feel comfortable asking the participant for support	0 _____ 5 _____ 10
You receive words of encouragement and affirmation from the participant regularly	0 _____ 5 _____ 10
What do you most appreciate about the participant that you would like more of?	

