

CONFIDENTIAL LIFESTYLE ANALYSIS

Congratulations! You're on your way to unlocking the natural powers you have within!

The average person uses about 5% of their mind according to university studies. Everyone has natural talents and abilities that they are not using to their fullest extent. This program has proven to help thousands of people. Now, it's your turn to get some help. There are many paths to life, and this analysis will help you get on the right path. Answer the following questions truthfully. If you find any questions too offensive or personal, just over look them. The more detailed information that you provide, the easier it will be for us to help you. Your evaluation is confidential, and this is your chance to get things off your mind that have been bothering you which could cause you to have all the problems listed below and many more not listed.

Allow up to two weeks to analyze and pinpoint the areas that you need help in. We will select from over 1,200 pre-recorded sessions after we have read your evaluation. We then put together your custom program in a vinyl carrying case. If you live in Arizona you can pick them up personally. If you live out of state we will mail them to you. Also, in some cases it may be necessary to call you on the phone to get additional information and customize your sessions on CD's or cassette tapes. Our life style analysis is based on Biblical teachings in helping you break the chain reaction of recycling past family problems and bad experiences. This will help people of any religion. On the VIP 5 program, Sam will work with you up to a half a day for an additional charge. Sam puts his heart into the pre-recorded sessions and wants them to work for you long after he retires besides working with Sam personally is rarely ever needed. In case personal attention is needed he is training his help and doctors to carry on the tradition, and they will also continue to use his proven pre-recorded sessions. This program may just be what you've been praying for.

Give me a day and time you are usually home and the telephone number:

_____ / _____ : _____ a.m. or p.m. (____) _____
Day Time Phone Number

We want you to know it is unethical to make promises or guarantees of results. We work similar to hospitals and M.D.s. We do not make money back guarantees for any reason. We work with you spiritually and miracles are happening everyday. It's important that you see a doctor that believes in God when losing weight, coming off medication or going through any self improvement program. Doctors are referring their patients to us.

Full Signature _____ Print Name _____

Parent or Spouse Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Hm. Phone (____) _____ Cell/Wk. Phone (____) _____

Age _____ Sex _____ Weight _____ Height _____ Occupation _____

Birth Date & Place _____ Religious Affiliation _____

Does your doctor approve of exercising [] Yes [] No Do you believe in God? [] Yes [] No

WHAT AREAS DO YOU WANT HELP? (Check all that apply to you)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Thoughts of suicide | <input type="checkbox"/> Attempted Suicide | <input type="checkbox"/> Anorexia | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Weight (lose____ lbs.) | <input type="checkbox"/> Quit Chewing Tobacco | <input type="checkbox"/> Prescription Drug Addiction | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Stop Pain | <input type="checkbox"/> Quit Smoking | <input type="checkbox"/> Overcome Alcoholism | <input type="checkbox"/> Drug Addiction |
| <input type="checkbox"/> Increase Sales | <input type="checkbox"/> Control Anger | <input type="checkbox"/> Improve Sex Relations | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Over a Death | <input type="checkbox"/> Control Blood Pressure | <input type="checkbox"/> Overcome Shyness | <input type="checkbox"/> Positive Attitude |
| <input type="checkbox"/> Relieve Stress | <input type="checkbox"/> Over Divorce | <input type="checkbox"/> Over Relationship | <input type="checkbox"/> Learn to Forgive |
| <input type="checkbox"/> Worry & Procrastination | <input type="checkbox"/> Have Better Memory | <input type="checkbox"/> Weight (gain____ lbs.) | <input type="checkbox"/> Stop Being Negative |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Acid Reflux |

Fill out the following evaluation. Mail it to our office or personally bring it in to
ALL FAITH SELF HELP CENTER, INC. 4440 E. Indian School Rd. 85018. (602) 957-4697

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

1. Do you eat when you're depressed?
Yes No
2. Do you eat more when you're under a lot of stress?
Yes No
3. Do you make up excuses for not losing weight?
Yes No
4. Does watching other people eat make you hungry?
Yes No
5. Which answer best describes the amount of exercise you get?
 - a. No exercise, a very sedentary life.
 - b. Mild exercise, short walks, climbing stairs.
 - c. Moderate exercise, jogging, lifting things.
 - d. Frequent exercise, daily sports activities.
6. Do you enjoy participating in sports like tennis, jogging, bicycling, or swimming? Yes No
7. Do you walk or talk in your sleep?
Yes No I used to, but not anymore.
8. Are you a negative thinker most of the time?
Yes No
9. Do you believe you can accomplish anything you want to? Yes No
10. Have you ever meditated? Yes No
11. Have you ever done Yoga? Yes No
12. Who raised you from childhood through adolescence? (list from age 0 through the year you began living on your own.)
 - a. Both natural parents Age ___ to ___
 - b. Natural mother only Age ___ to ___
 - c. Natural mother and stepfather Age ___ to ___
 - d. Natural father only Age ___ to ___
 - e. Natural father and stepmother Age ___ to ___
 - f. Grandparents or other relatives Age ___ to ___
 - g. Adopted parents Age ___ to ___
 - h. Foster parents Age ___ to ___
 - i. Orphanage or other institution Age ___ to ___
13. List the first names of your parents and your grandparents.

	Died	Over Weight
a. Father _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Father's father _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Father's mother _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Mother _____	<input type="checkbox"/>	<input type="checkbox"/>
e. Mother's father _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Mother's mother _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Next to their name above, check if any of your parents or grandparents have died.
15. In the column of boxes #13, check if any of your parents or grandparents are or were overweight.
16. Can you visualize yourself being the way you would like to be? Yes No
17. Do you have faith that someday you will be at your desired weight? Yes No
18. Are you taking medication for depression?
Yes No
19. List any medication you are taking and the reason for them?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
20. Which of your parents are you closest to?
a. Father b. Mother c. Both d. Neither
21. List the first names of your sisters and brothers:

Bro	Sis		Died	Over Weight
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

22. Next to their names above, check if any of your brothers or sisters have died.
23. In the column above, check any of your brothers or sisters who are overweight.
24. Do you have any children? Yes No
25. List the first names & ages of your children, in order.

	Boy	Girl	Age	Died	Over Weight
a. First	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Second	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Third	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Fourth	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Fifth	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Sixth	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

26. Next to their names above, check any of your children who have died.
27. In the column above, check any of your children who are over-weight.

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

28. Are any of your children fostered or adopted?
Yes No
(If yes, put an "F" or "A" after their names above)
29. Have you ever resented or otherwise felt unhappy about having children? Yes No
30. Are you unable to have children? Yes No
31. Do you want to have children? Yes No
32. Have you ever had an abortion? Yes No
33. Did you ever give up a child for adoption? Yes No
34. Other than weight how would you describe your health?
Excellent Good Fair Poor
35. Has your medical history included any problems with your:
Pancreas Thyroid Adrenal Gland Liver
Pituitary Glands Prostate Stomach
36. Have you had problems with asthma or allergies?
Yes No
37. Do you have trouble breathing? Yes No
38. Have you ever had ulcers or other digestive conditions?
Yes No
39. Do you have problems with acid reflux? Yes No
40. Have you ever been diagnosed with irritable bowel syndrome? Yes No
41. Have you ever had any major or long term illnesses?
Yes No
42. Have you ever been hospitalized for sickness or injury?
Yes No
43. Have you ever under gone any major surgery?
Yes No
44. Have you had a hysterectomy? Yes No
45. How is your eyesight?
 I see clearly without the aid of glasses.
 I sometimes need to wear glasses to read small type.
 I need to wear glasses all of the time.
 I see poorly even with glasses.
 I know I need glasses, but I've been putting it off.
46. Do you have headaches without knowing the cause?
Almost never Sometimes Often
47. Would you consider yourself a worrier? Yes No
48. Do you sleep well at night?
Seldom Usually Always
49. Do you snore, is it a problem? Yes No
50. Do you have sleep apnea? Yes No
51. Do you normally dream when you?
Almost never Sometimes Often
52. Do you remember your dream when you wake up?
Almost never Sometimes Often
53. When you dream, do you have nightmares?
Almost never Sometimes Often
54. Have you ever used relaxation techniques?
Yes No
55. How old was your mother when you were born?
a. Under 15 e. 30 to 34
b. 15 to 19 f. 35 to 39
c. 20 to 24 g. 40 or over
d. 25 to 29 h. I don't know
56. How would you describe your mother's (or whoever took care of you most as you grew up) attitude toward you and the relationship you had with her (circle the letters of all that apply):
a. She loved me very much.
b. We usually got along very well.
c. She seemed cold and indifference to me.
d. We frequently argued and fought.
e. She always picked on me.
f. She enjoyed helping me do things.
g. She never wanted me around.
h. She cared for me but seldom showed it.
i. She was always to busy to spend time with me.
j. We were together almost constantly.
k. Nothing I did was ever right to her.
l. She was very encouraging when I had a problem.
m. She understood me better than anyone.
n. Our relationship was just average.
57. What is her health like?
Good Fair Poor
58. What was your father's age compared to your Mother's age?
a. He was 5 or more years older than her.
b. He was 1 to 4 years older than her.
c. They were the same age.
d. He was 1 to 4 years younger than her.
e. He was 5 or more years younger than her.
f. I don't know.

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

59. How would you describe your father's (or whoever took care of you most as you grew up) attitude toward you and the relationship you had with him (circle the letters of all that apply):
- b. He was very affectionate towards me.
 - c. He was seldom home and paid little attention to me.
 - d. We were always going places together.
 - e. He was strict but fair.
 - f. He never showed as much love for me as I wanted him to.
 - g. We yelled at each other a lot.
 - h. He was usually very understanding of me.
 - i. Though often away, we had fun together when he was at home.
 - j. He was demanding and was always telling me what to do.
 - k. He didn't know how to express it, but I knew he loved me.
 - l. We got along okay, I guess.
 - m. He always seemed very mean to me.
 - n. He was a good loving dad.
 - o. He cared about my sister(s)/brother(s) more than me.
60. What was his health like when you were growing up?
Good Fair Poor
61. How do you get along with your sister(s) brother(s)?
- a. Very well with all of them.
 - b. Fairly well with some (one), not well with others (one).
 - c. I got along with my brother(s), but not with my sister(s)
 - d. I got along with my sister(s), but not with my brother (s)
 - e. Poorly with all of them.
 - f. I had no sisters.
 - g. I had no brothers.
62. What other relatives do you have living at home?
- a. None
 - b. Grandparents
 - c. Uncles/aunts
 - d. Cousins
 - e. Brother's/ Sister's children
63. Did you have your own room most of the time growing up?
Yes No
64. What is your marital status?
- a. Single – never married
 - b. Single – previously married; how long? _____
 - c. Single – living with someone; how long? _____
 - d. Married – first time; how long? _____
 - e. Married – second time; how long? _____
 - f. Married – third time; how long? _____
65. What is the age of your spouse? _____
66. What happened to your previous marriage partner(s)?
- | | |
|-----------------------------------|-----------------------------------|
| A. First partner: | B. Second partner: |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Deceased |
67. Are you and your partner separated? Yes No
If "Yes", how long? _____
68. How would you describe the relationship you have with your current partner (circle the letters of all that apply):
- a. We love each other very much.
 - b. We argue a lot.
 - c. He/she isn't around much of the time.
 - d. We seem to be quite compatible.
 - e. We stay together only for our children's sake.
 - f. I usually give in to whatever he/she wants.
 - g. We're just a normal couple.
 - h. He/she goes along with whatever I want.
 - i. We frequently do little things to show affection for each other.
 - j. He/she doesn't respect me anymore.
 - k. I know I can't trust him/her when we are apart.
 - l. Our lives are fairly routine.
 - m. We might split-up anytime now.
 - n. Everything we do seems dull and boring.
 - o. He/she acts like the sight of me is repulsive.
 - p. We get along by just going our separate ways.
69. Do you feel resentment towards your partner, or inwardly blame him/her for your problems?
Yes No
70. How often do you have sex with your partner?
- a. Never, anymore.
 - b. About once a month.
 - c. As often as once a week.
 - d. Two to four times a week.
 - e. Once almost everyday.
 - f. Twice a day or more.
71. With respect to sex with your partner, would you like to:
- a. Have sex more often.
 - b. Have sex less often.
 - c. Have more variety in your sex.
 - d. Have less variety in your sex.
 - e. Keep everything just the way it is.
72. Does your partner ever complain that:
- a. You don't have sex often enough.
 - b. You want too much sex.
 - c. You don't want to try anything "different".
 - d. You want to do things that are "weird".
 - e. You have no enthusiasm for sex.
 - f. My partner doesn't complain about sex to me.
73. How would you describe your sex drive?
- a. Extremely strong.
 - b. Somewhat greater than average.
 - c. Average.
 - d. Somewhat less than average.
 - e. Almost non-existent.
74. Do you believe your feelings and attitudes about sex are:
Normal Unusual, but okay Perverted
75. Do you feel oral-genital sex is normal? Yes No
Does your spouse: Agree Disagree

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

76. Which of the following have you done:
a. Had group sex (with two or more people).
b. Had homosexual experience (with someone of the same sex).
77. Do you ever day-dream or fantasize about any of the above?
Yes No
78. How often do you masturbate (excite yourself sexually)?
Never Occasionally Frequently
79. Do you feel guilty about your sexual desires or experiences?
Never Sometimes Often Always
80. Have you ever been raped? Yes No
If "Yes", how old were you? _____
81. Have you ever been kidnapped? Yes No
82. Have you ever been beaten by a parent? Yes No
at what age or ages? _____
83. Has your partner ever beaten you? Yes No
84. Has your family moved around a lot? Yes No
85. Have you ever been robbed or mugged? Yes No
If "Yes", how long ago? _____
86. Have you ever been in a serious accident? Yes No
a. If "Yes", how long ago? _____
b. If "Yes", do you still experience pain from this accident? Yes No
87. Do you smoke cigarettes? Yes No
88. How much do you smoke?
a. A pack a week or less.
b. Up to a pack a day.
c. More than a pack a day.
89. Do you smoke a pipe or cigar?
NO A pipe only A cigar only Both
90. Do you consider yourself a heavy smoker?
Yes No
91. Do you smoke marijuana?
Never Occasionally Regularly Used to
92. Have you ever taken LSD, Cocaine, Heroin, or other narcotic or hallucinogenic drug not prescribed by a doctor?
Yes No
If "Yes" for how long? _____. Did you ever seek treatment for it? Yes No
93. Are you currently taking them? Yes No
94. How often do you drink (alcoholic beverages), on the average?
a. I never drink.
b. Once a month or less.
c. Once or twice a week.
d. Almost everyday.
95. Have you worked most of your adult life? Yes No
96. Do you have a job now? Yes No
97. When at work, do you get along with your coworkers?
a. I find myself arguing with some of them.
b. Occasionally I get mad and blow-up at somebody.
c. Everything goes fairly routine most of the time.
d. I never have any problem
98. How would you describe your relationship with your boss?
a. I'm always in trouble with the boss.
b. I never get any appreciation for doing a good job.
c. My boss hardly notices me.
d. The boss is just the boss.
e. I get food direction and support from my supervisor.
f. My superiors and I are good friends.
g. I am the boss.
99. Do you have your own business? Yes No
100. Is there a lot of pressure in your work? Yes No
101. Do you get depressed easily? Yes No
102. Are there times when you get depressed without knowing why?
Almost never Sometimes Often
103. Where are you happiest? At work At home
104. How often do you feel under stress at home?
a. Most of the time.
b. Very frequently.
c. About half the time.
d. Occasionally.
e. Never.
105. Have you ever attempted suicide? Yes No
If yes, what age? _____
106. Have you seriously considered suicide? Yes No
107. Have you ever spent time in prison? Yes No
108. Have you ever been arrested? Yes No
109. How much education have you had?
a. Eighth grade or less.
b. Some high school.
c. Graduated high school.
d. Some college.
e. Some technical or business school.
f. Graduated technical/business school.
g. Graduated college.
h. Graduate studies or degree.

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

110. Did you enjoy going to school? Yes No
111. Have you ever been in the military? Yes No
112. If yes, do you feel the experience was a benefit to you? Yes, I learned a lot from it.
 No, I hated it.
113. Are you active in politics? Yes No Some
114. What are your political affiliations?
 Republican Socialist Democrat
 Independent Libertarian None
115. Which of the following most clearly defines your religion:
a. Catholic i. Moslem q. Charismatic
b. Baptist j. Hindu r. Pentecostal
c. Presbyterian k. Buddhist s. Christian Science
d. Methodist l. Jewish t. New Age
e. Lutheran m. Christian u. Wicca
f. Episcopalian n. Agnostic v. Spiritualist
g. Mormon o. Atheist
h. Evangelical p. No religion
116. Do you believe in God? Yes No
117. How often do you go to church on the average?
a. Never,
b. Two or three times a year.
c. Once a month.
d. Once every week.
e. More than once a week.
118. Have you moved to a new location recently?
Yes No
119. Have you had financial problems?
(circle the letters of all that apply):
a. Never. I've always been financially secure.
b. My parents had them as I was growing up.
c. I (we) did have them before, but not now.
d. I (we) never had them until recently.
e. I (we) have always had them.
f. I (we) currently have them.
120. Have you ever gone through bankruptcy?
Yes No
121. How much weight do you want to lose?
a. 20 lbs. or less e. 81 to 100 lbs.
b. 21 to 40 lbs. f. 101 to 125 lbs.
c. 41 to 60 lbs. g. 126 to 150lbs.
d. 61 to 80 lbs. h. Over 150lbs.
122. What ways have you tried to lose weight (circle the letters of all that apply):
a. Starvation (eating nothing for long periods of time).
b. Moderate low calorie diets.
c. Severe low calorie diets.
d. High protein, low carbohydrate diets.
e. High carbohydrate, low protein diets.
f. Low fat diets.
g. Powdered protein drink plans.
h. Appetite suppression pills or candies.
i. Grapefruit diets or other fads.
j. Wearing "sweat suits" or "body wraps".
k. Miracle "fat burning" tablets.
l. Strenuous exercise programs at home.
m. Joining health clubs, salons, or gyms.
n. Running or jogging.
o. Sports exercise, such as swimming and bicycling.
p. Having jaws wired shut.
q. Stomach sapling, "fat sucking", or other operations.
r. Prescription medications.
123. How much have you spent during the past two years on weight reduction (for any or all of the above)?
a. less than \$100. f. 1001 to \$2500.
b. \$101 to \$250. g. 2501 to \$5000.
c. \$101 to \$250. h. Over \$5000.
d. \$251 to \$500.
e. \$500 to \$1000.
124. Were you happy during most of your childhood?
Yes NO
125. Are you presently happy?
a. Definitely not happy.
b. Not particularly happy.
c. Neither happy nor unhappy.
d. Fairly happy.
e. Very happy.
126. Are you easily influenced by others? Yes No
127. Do you often try to prove other people wrong?
Yes No
128. Were you Overweight during childhood?
Yes No
129. How long have you weighed more than you want?

130. Did your mother make you "clean your plate" when you were a child? Yes No

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

131. Did you gain weight after one of these events?
 (Circle the letter if one of these applies)
- a. You had a death in the family.
 - b. You got divorced.
 - c. You got married.
 - d. You had your _____ (number) child.
 - e. You had an operation.
 - f. You moved to a new location.
 - g. You got a new job.
 - h. You lost a job.

Other trauma (describe): _____

132. Assuming that you were not on a diet, what foods would you eat most (circle the letters that apply):

- | | |
|-------------------------------|--------------------|
| a. Steaks and other red meats | l. Bread and rolls |
| b. Cheeses | m. Pastries |
| c. Poultry | n. Fresh fruit |
| d. Fresh vegetables | o. Salads |
| e. Cooked vegetables | p. Chocolate |
| f. Potatoes | q. Soda Pop |
| g. Cakes | r. Fried foods |
| h. Candies | s. Salty foods |
| i. Snack foods | t. Casseroles |
| j. Fish and seafood | u. Pizza |
| k. Milk and ice cream | |

133. At what age did you start struggling with your weight? _____
134. Did you eat a lot of ice cream, candy, soda pop, and other “goodies” when you were young?
 Yes No
135. Do you eat out often? Yes No
136. Do you often eat “fast food”? Yes No
137. Were you forced to eat “fast food” as a child?
 Yes No

138. When do you enjoy eating the most (circle the letters of all that apply) , and put an “X” in front of your favorite):
- | | |
|------------------------------|---------------------|
| a. with a group of friend’s | h. Late at night |
| b. While watching television | i. Alone |
| c. While reading | j. With a friend |
| d. At breakfast | k. For Comfort |
| e. At lunch | l. When Lonely |
| f. In the evening | m. When Bored |
| g. At dinner (supper) | n. Other (describe) |

Complete these sentences to express your real feelings. Write down the first idea that comes to your mind.

139. Did your mother carry you full term (9mos.) or were you premature? Premature Full term
 If you were premature, how many months were you in term for? _____

140. Were you born in a hospital or at home? Hospital Home

141. Were there any complications during your birth? Yes No If so, explain _____

142. Have you ever had a traumatic incident in your life or embarrassing moments? Yes No If so, explain _____

143a. Tell us about how you got along with your mother or guardian _____

Her first name? _____ Her age? _____ Living or not? _____

Health condition? Poor Fair Good Did she show you love and affection? Yes No Very little

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

143b. Tell us about how you got along with your father or guardian _____

His first name? _____ His age _____ Living or not? _____

Health condition? Poor Fair Good Did he show love and affection? Yes No Very little

144. Husband, wife or significant other. Explain problems with the relationship, if any _____

145. If you have any pain or ailments, explain _____

Do you have a low tolerance for pain? Yes No

146. Have you lost a loved one through a death? _____ Relation? _____ How has this affected you?

147. I want to know _____

148. I feel _____

149. At bedtime _____

150. What annoys me _____

151. I regret _____

152. The best _____

153. Other people usually _____

154. If only my mother _____

155. My ambition _____

156. My nerves _____

157. When I was a child _____

158. My greatest fear _____

159. I suffer _____

160. If only my father _____

161. I miss _____

162. The (men) (women) around me _____

163. My strongest _____

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

Please write down the first thing that comes to your mind after each word or question.

164. My wife or husband _____

165. The happiest time _____

166. I am best when _____

167. The only trouble _____

168. If only _____

169. I smoked my first cigarette at age _____ Given to me by _____

170. I hate _____

171. I am very _____

172. I like _____

173. Sexually, I _____

174. My mind _____

175. I failed my _____

176. I wish I never _____

177. I secretly _____

178. I cannot understand what makes me _____

179. The worst pain _____

180. I am ashamed _____

181. My family never _____

182. I smoke more when _____

183. My greatest worry _____

184. If only _____

185. My best friend _____

186. If I had my way _____

187. Hostility _____

188. When I was younger _____

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

Please write down the first thing that comes to your mind each word or question

189. I'm afraid of _____

190. Underneath it all _____

191. I resent _____

192. Most of all I want _____

193. Every single time _____

194. Biofeedback _____

195. Commitment _____

196. Contracts are _____

197. Have you proved other people wrong? Yes No

198. Do you tell lies? Yes No

199. If yes to question 198, Please circle one Often Occasionally Constantly

200. Do you believe your lies? Yes No

201. If you HAVE been arrested, please explain _____

202. If you HAVE been molested, was it by (please circle one) Friend Relative Stranger. If by a friend or relative, who were they? _____

203. If you HAVE any abnormal habit, please explain _____

204. If you HAVE attempted to commit suicide, please explain why and when _____

205. If you HAVE had any illnesses, please explain _____

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

206. WEIGHT

Have you been overweight since childhood? Yes No

Are you a junk food eater? Yes No

Does your family have a history of being overweight? Yes No

207. SMOKING

Are you smoking more than a pack a day? Yes No

Have you been smoking for more than five years? Yes No

Can you visualize being a nonsmoker? Yes No

208. ALCOHOLISM

Is your drinking affecting your family and job? Yes No

Do you drink every day? Yes No

Do you consider yourself a heavy drinker Yes No

209. DRUG ADDICTION

Are you taking LSD, Cocaine, Heroin, or other narcotics? Yes No

Do you think you have a drug problem? Yes No

Are you dependant on prescription drugs? Yes No

210. STRESS

Is the stress job related? Yes No

Is your stress home related? Yes No

211. PAIN

Do you have headaches? Yes No

Is your pain accident related? Yes No

Is your pain surgery related? Yes No

212. MOODS & TEMPERS

Did anyone in your family have a bad temper? Yes No

Does stress or alcohol trigger your temper? Yes No

Is your temper violent? Yes No

Do you try to prove other people wrong? Yes No

213. DEPRESSION

Do you get easily depressed? Yes No

Are you easily influence by other people? Yes No

Do you get along with those you work with? Yes No

Did your parents argue a lot? Yes No

214. SEX

Do you feel sex is dirty? Yes No

Have you ever had a bad sexual experience? Yes No

Were you ever raped or molested? Yes No

215. FINANCIAL SUCCESS

Are you achieving your full potential? Yes No

Have you ever had a business failure? Yes No

Do you feel you are successful? Yes No

216. MEMORY & CONCENTRATION

Do you retain information well? Yes No

Do you have a speech hesitation? Yes No

Do you have learning disabilities? Yes No

Do you have ADHD or ADD? Yes No

217. CONFIDENCE

Are you a positive thinker? Yes No

Do you feel inferior to others? Yes No

Were you ever put down by anyone in the past? Yes No

218. SALES

Was your father or mother successful in business? Yes No

Do you need more enthusiasm and motivation? Yes No

Would you like to increase your income? Yes No

219. HEALTH

Are you in good health at the present time? Yes No

Do you have any allergies? Yes No

Were your parents in good health? Yes No

-----PERSONAL BACKGROUND & LIFESTYLE ANALYSIS-----

We are a non-profit organization and we want everyone to get help. If you can come into our office and you have financial problems, we can adjust the amount according to your ability to pay. This program is designed to keep you out of the hospital as long as possible. According to statistics more people die in hospitals by mistake than in wars. They are not usually held responsible because they call it a practice. Hospitals rooms cost over \$2,000.00 a day. This is the only customized program in the world that has been proven without a doubt and has helped thousands of people since 1952. We will evaluate your Lifestyle Analysis and pinpoint the areas you need help in. The cost of the program if paid in full is less than one day in the hospital, only \$1,995.00.

The regular cost is 2,995.00. You can put \$300.00 down and pay \$50.00 a month, which 1.67 a day. You will save hundreds of dollars on groceries, medications (for pain, depression, and High Blood Pressure) and addictions (such as smoking, drinking, and drugs). It is simple, fill out the coupon below of how you want to pay for this program.

We may call you on the phone to get additional information if needed. Give us the best time of day to call you _____.

You want help, fill this evaluation out, this is personal information you don't want on the internet. It is worth the trip to the post office or bring it in personally if you live in Arizona. Your information is private and everything you tell us is strictly confidential. It is the same as going to your priest, rabbi, or minister. No one, not even the courts can get this information. Your Credit Card information is secured by the Post Office.

Indicate on this form how you want to pay. \$2995.00 on time with no interest or carrying charges, save \$1,000.00 if you pay in full \$1,995.00. We are a non-profit organization and your contributions help us send sessions to Veterans and children organizations free of charge. When you help us help other people it will come back to you many times fold. God bless and thank you for your contribution.

Custom Program Time Payments Custom Program Pay in Full

Total Amount \$_____ Name: _____ Date _____

Down Payment \$_____ Address: _____

Monthly Payments \$_____ City _____ State _____ Zip _____

Please check which card you use. Phone (_____) _____

Discover MasterCard Visa American Exp. Check

Credit Card # _____ Exp. Date _____

I agree the monthly payments can be deducted from my credit card. And there are no interest or finance charges. To confirm your transaction, please sign your name below the way it appears on your card.

Please Sign Here

Please Print Name Here

The Pictures Speak For Themselves!

Before

Tried everthing
even stomach
stapling



After

Lost 350lbs
Thank You Sam
you saved my life



Before

Severely
Depressed



After

After 6 min.
with Sam
and listening
to her
sessions she
is now much
happier
about life.



Before

Severe
Headaches
went to the
emergency
room 30 Times
in one month



After

No more
headaches
ready to
go back to
work just
2 weeks later



Client's Miraculous Results from Sam Meranto's Meditation Methods



BEFORE

Margie suffered from Rheumatic Heart disease for thirty-eight years. She dealt with five heart surgeries, a stroke, congestive heart failure and diabetes.

AFTER

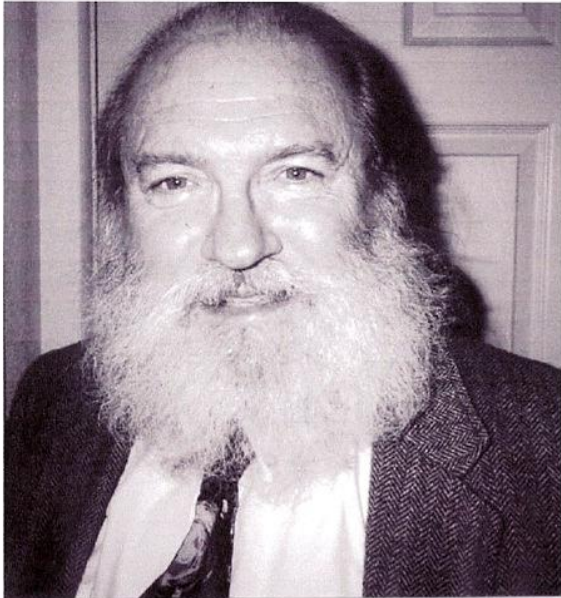
Reduced glucose readings, lost twenty pounds, feels like a new woman! She smiles all the time and feels like she has a chance to live again!



MERANTO'S MIRACLES

THE ARIZONA REPUBLIC CURE FOUND FOR DEPRESSION AND OBESITY

By Former ASU Professor



My name is Richard Beard; I have five degrees, two BS, MA, MS, and Ph.D. I have been a Professor of Psychology for 21 years. I myself suffered with manic-depression for over 25 years. The medical care that I received from my colleagues simply was not working. My depression contributed to my being 65 pounds overweight and having serious health problems such as: diabetes, hypoglycemia, high blood pressure and heart problems.

As a last resort, I went to see a man that I have been hearing about for over 20 years. I used to pass by his office on my way to ASU and other colleges to teach traditional psychology. I was taught that there is no cure for clinical depression and as far as I am concerned that's bunk. To think I used to teach and believe it was incurable.

I enrolled in Sam Meranto's Guided Meditation Program. In 10 weeks it was a miracle, I personally found the cure for myself. I lost only 15 pounds. Sam told me to go slow on account of my heart problem. My diabetes medicine was cut back to one third and my high blood pressure medicine was cut in half. My medical doctor has been monitoring my heart for 12 years. I have had a leaky valve that he could hear clearly. The doctor had me go to the hospital for tests twice because he couldn't believe that the noise in my heart disappeared.

I have never met anyone like Sam Meranto. I have taught over 10,000 students and I have never met anyone that could find your problem in a matter of minutes and give you a solution. I have met many well-

known and famous psychiatrists and psychologists and none of them were able to help me. Sam, in a matter of minutes, knew exactly what was wrong; it started in my early childhood. He audio tape-recorded his findings and gave it to me to listen to when I fall asleep, for reinforcement.

Sam should be teaching in colleges. Every now and then a genius comes along like Albert Einstein and Thomas Edison that were self-taught and they changed our lives forever. Sam is a genius in what he does.

I have never felt so happy in my entire life. My depression is gone. Thank you God, thank you for sending Sam into my life. Just think, I suffered all of my life for nothing. There was a solution! I hope this article helps people that are suffering realize that there is help. Seek and you shall find.

I did not get paid to write this article; in fact I paid Sam for his Program. One day for a room in some hospitals costs more than Sam's entire program. Sam founded the All Faith Self Help Center, it is a nonprofit organization and he charges people according to their ability to pay. You can pay as little as \$50 per month. Most people save from \$100 to \$300 per month on food and medicines. It is like putting money in the bank and adding extra years to your life. If I were a millionaire I would have given it all away for the results that I have received. Only one visit is needed, you can finish at home.

Sam Meranto has helped thousands of people lose weight and keep it off. He has helped people with depression, alcohol, and drug problems and has helped people to stop smoking. He has saved companies thousands of dollars by reducing health problems and helping people to be more assertive and productive on their jobs.

Professional athletes come to Sam to achieve their best, from golfers to racecar drivers.

If you have invested big dollars in your people with seminars and motivational programs, Sam's program goes hand in hand and helps reinforce their training so it will stick in their mind and they will follow through. Most seminars only motivate people for a few days. Sam's training goes into the subconscious and stays there for lasting results.

Sam has an executive retreat set up for professionals. Let Sam work with you personally or use his audio-recorded guided meditation sessions that can be used at home, no matter where you live in the world.

All Faith Self Help Center
4440 East Indian School Road
Phoenix, Arizona 85018
Call 24 hours: 602-957-4669
Out of State: 800-580-5080

www.sammeranto.com