

The **7 HABITS** of the **CORE** Person
Self-Evaluation Form

Name: _____

Month: _____

1 SHOW 8+ MARKETING PLANS A MONTH

Date	1to1 Prospect Name	Home	#Prospects	RESULTS		
				#Apps	#Clients	NO
1 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 100% USER OF THE AMWAY PRODUCTS

Total PV from personal use

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3 SERVE 10+ CUSTOMERS A MONTH [100-300 PV]

Client Name

PV

Client Name

PV

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____

11 _____
 12 _____
 13 _____
 14 _____
 15 _____
 16 _____
 17 _____
 18 _____
 19 _____
 20 _____

Total PV from Selling

4 LISTEN TO 1 CD A DAY [CEP – BSM CATALOGUE]

Title

16

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____
 9 _____
 10 _____
 11 _____
 12 _____
 13 _____
 14 _____
 15 _____

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5 READ 10 PAGES A DAY [RB]

Book in the process of reading _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Points to focus on _____

6 ATTEND ALL NETWORK TWENTYONE FUNCTIONS

	1	2	3	4
Attend Weekly Opens	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
BBS Ticket Purchased	<input type="checkbox"/> Y <input type="checkbox"/> N	WES Ticket Purchased		<input type="checkbox"/> Y <input type="checkbox"/> N

7 TEAMWORK

COUNSELING session date	<input type="text"/>
Principle of EDIFICATION practiced	<input type="checkbox"/> Y <input type="checkbox"/> N
Principle of NO-CROSSLINING practiced	<input type="checkbox"/> Y <input type="checkbox"/> N

BBS

GOALS OF THE MONTH

Personal PV	<input type="text"/>
Group PV	<input type="text"/>
Personal Sponsoring	<input type="text"/>
Group Sponsoring	<input type="text"/>
CEP	<input type="text"/>
WES	<input type="text"/>

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