

## 4 Cornerstone Belief Rating

Date: \_\_\_\_\_

Rate the following on a scale of 1- 10 with 10 being perfect.

SELF: \_\_\_\_\_

OTHERS: \_\_\_\_\_

PRODUCTS and COMPANY: \_\_\_\_\_

INDUSTRY: \_\_\_\_\_

I will strive to grow in the following belief system \_\_\_\_\_  
over the next 4 weeks or until this belief system is no longer the weakest of the  
4 cornerstones.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_