Name:                     Date:

My goal is:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

On a scale from 1 → 10, my goal is (circle one):

1  2  3  4  5  6  7  8  9  10
Not at all important  Somewhat important  Very important

What concerns you most about taking steps to achieve this goal?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What do you imagine is the worst thing that will happen if you remain with current behaviors?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What is the worst thing that will happen if you change current behaviors?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What has worked in the past for you? What was it like?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What are 3 action steps you could take to begin working on this goal?
1) 
2) 
3)