ASSESS WHAT WORKS FOR YOU

MY FAVOURITE COLOURS ARE...

____________________________________

____________________________________

BOOKS/MAGAZINES I ENJOY ARE...

____________________________________

____________________________________

I LIKE TO COLLECT...

____________________________________

____________________________________

ARTWORK THAT INSPIRES ME INCLUDES...

____________________________________

____________________________________

I FEEL MOST AT HOME WHEN...

____________________________________

____________________________________

ARCHITECTURE I'M DRAWN TO IS...

____________________________________

____________________________________

MUSIC I LISTEN TO AT HOME IS...

____________________________________

____________________________________

MY FAVORITE SEASON IS...

____________________________________

____________________________________

A DREAM HOME WOULD INCLUDE...

____________________________________

____________________________________
DO-IT DAY STICKERS

PURCHASE STICKER PAPER AT A CRAFT OR OFFICE SUPPLY STORE AND PRINT THESE DO-IT DAY STICKERS. PLACE THEM IN YOUR PLANNER OR DIARY SO YOU NEVER FORGET DO-IT DAY!

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BAD-MOOD BUSTERS

Today I am grateful that __________________ did __________________.
(NAME) (ACTION)

I am so happy to have __________________ in my life because __________________.
(NAME) (REASON S/HE IS AWESOME)

Today I am grateful that __________________ was __________________.
(NAME) (ATTITUDE / STATE OF BEING)

I am so fortunate to have __________________ because s/he always __________________.
(NAME) (FREQUENT ACT OF KINDNESS)

It always makes me smile when __________________ does __________________.
(NAME) (SILLY / FUNNY THING S/HE DOES)

We really have fun when __________________ and I __________________.
(NAME) (FUN THING YOU DO TOGETHER)

It always makes me laugh when __________________ says __________________.
(NAME) (FUNNY THING S/HE SAYS)

Today I am so glad that __________________ was able to __________________.
(NAME) (ACTION)

One of the best things about __________________ is __________________.
(NAME) (PERSONALITY TRAIT)

Today it made me so happy when __________________ did __________________.
(NAME) (ACTION)

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HUNT DOWN YOUR HOBBY

WHAT WAS YOUR FAVOURITE ACTIVITY OR PASTIME WHEN YOU WERE A CHILD? WHAT DID YOU LIKE ABOUT IT? WOULD YOU LIKE TO GIVE IT ANOTHER TRY?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

IF YOU COULD HAVE A WHOLE DAY WITHOUT INTERRUPTIONS, WHAT WOULD YOU SPEND IT DOING?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

WHAT WOULD YOUR DREAM JOB CONSIST OF? IS THERE ANY WAY TO TURN ASPECTS OF THAT JOB INTO A HOBBY?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

WHAT ARE SOME ACTIVITIES YOU’VE SEEN OTHERS ENJOYING AND HAVE ALWAYS WANTED TO TRY YOURSELF?

__________________________________________________________________________
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WORKSHEETS
BRING BACK THE BEST WEEK

WHAT HAPPENED DURING THAT WEEK TO MAKE IT SO ENJOYABLE?

WHO WAS PART OF THAT GREAT WEEK?

HOW DID IT FEEL WHEN THINGS WERE GOING REALLY WELL?

WHAT DID YOU DO (OR NOT DO) TO MAKE SURE THINGS STAYED POSITIVE?
BRAND YOURSELF

WHAT DO YOU STAND FOR? (YOUR BRAND’S MESSAGE)

________________________________________________________
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HOW DID YOUR VALUES OR TALENTS COME TO BE? (THE STORY BEHIND YOUR BRAND)

________________________________________________________
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WHAT SKILLS OR IDEAS DO YOU HAVE TO OFFER? (YOUR PRODUCT)

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HOW WILL WHAT YOU WANT TO DO IMPACT OTHERS? (THE AUDIENCE FOR YOUR BRAND)

________________________________________________________
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relationships WORKSHEETS
KNOWING WHEN TO STAY OR GO...

WHEN YOU CONSIDER THE OTHER PERSON IN YOUR RELATIONSHIP... (CIRCLE ONE)

• DO THEY ACT IN A WAY THAT EMBARRASSES OR HURTS YOU?       YES   NO

• DO THEY PUT YOU IN UNCOMFORTABLE SITUATIONS?       YES   NO

• DO THEY LEAVE YOU FEELING EMOTIONALLY DRAINED?       YES   NO

• DO THEY BRING OUT THE WORST QUALITIES IN YOU?       YES   NO

• DO THEY MAKE YOU FEEL DEVALUED AS A PERSON?       YES   NO

• DO THEY EVOKE NEGATIVE EMOTIONS (ANGER, HATE, ENVY)?       YES   NO

• DO THEY ENCOURAGE YOU TO TAKE PART IN HARMFUL ACTIVITIES?       YES   NO

• DO THEY TREAT YOU WITH DISRESPECT AND UNKINDNESS?       YES   NO

• DO THEY PUT LITTLE OR NO EFFORT INTO THE RELATIONSHIP?       YES   NO

• DO THEY SEEM TO BE IN CONSTANT COMPETITION WITH YOU?       YES   NO

• DO THEY MAKE YOU FEEL SMOTHERED AND CONFINED IN ANY WAY?       YES   NO

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YOUR NO-GO LIFE TRAITS

MAKE A LIST OF AT LEAST TEN PERSONALITY TRAITS, HABITS OR LIFESTYLE CHOICES IN OTHER PEOPLE THAT YOU KNOW HAVE A NEGATIVE IMPACT ON YOUR LIFE SO YOU CAN AVOID THEM IN FUTURE RELATIONSHIPS.

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

5. __________________________________________

6. __________________________________________

7. __________________________________________

8. __________________________________________

9. __________________________________________

10. __________________________________________
don’t forget to share . . .

LAUGHTER

OPOPORTUNITIES

ALIDATION

NLIGHTENMENT
love WORKSHEETS
I LOVE ME LIST

WRITE DOWN 20 THINGS YOU LOVE ABOUT YOURSELF, EACH ONE ON A DIFFERENT SQUARE BELOW (OR ON A STICKY NOTE). PLACE THOSE 20 PIECES OF PAPER RANDOMLY AROUND YOUR HOME, OFFICE AND CAR, TO SERVE AS REMINDERS OF HOW AWESOME YOU ARE.

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A LETTER YOU’LL NEVER SEND...

dear ___________________________,

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

with love,

____________________________
KNOW WHAT YOU DO (AND DON’T) WANT

WHAT WENT WELL IN YOUR LAST RELATIONSHIP?

WHAT COULD HAVE USED SOME IMPROVEMENT?

WHAT CAN YOU NOT LIVE WITHOUT IN A RELATIONSHIP?

WHAT CAN YOU DO WITHOUT IN A RELATIONSHIP?
change WORKSHEETS
CREATE THE BEST-CASE SCENARIO

DRAW AN IMAGINARY SCENE OF WHAT WOULD HAPPEN IF THIS CHANGE WERE THE BEST THING TO EVER HAPPEN TO YOU. (IF DRAWING’S NOT YOUR THING, WRITE A LIST OF THE GOOD THINGS YOU IMAGINE THIS CHANGE COULD BRING.)
PINPOINT YOUR TRIGGERS

WHERE DO YOU FIND YOURSELF ENGAGING IN YOUR BAD HABIT?

IS THERE A TIME OF DAY YOU’RE MORE LIKELY TO ENGAGE IN YOUR HABIT?

DO YOU ENGAGE IN YOUR HABIT ALONE OR WITH OTHERS? IF WITH OTHERS, WITH WHOM?

DO SPECIFIC SITUATIONS (TIME OF YEAR, TIME OF DAY, ETC.) AFFECT YOU MORE?
CHOOSE A CHANGE

Even if you’re already well aware of how to use change to be your best self, you can benefit from checking out these questions and considering how they might impact the best you. Circle yes or no for each one and reflect.

• Do you spend your time doing things that are meaningful to you?  Yes  No

• Do you strive to avoid activities that bring negativity into your life?  Yes  No

• Do you engage in activities that challenge you in a positive way?  Yes  No

• Do you spend time with positive people who encourage you?  Yes  No

• Do you strive to positively encourage and inspire others?  Yes  No

• Do you allow yourself to notice – but not dwell on – your flaws?  Yes  No

• Do you take responsibility for your actions and choices?  Yes  No

• Do you honour the commitments you make to yourself?  Yes  No

• Do you value your own needs as much as those of others?  Yes  No

• Do you often express gratitude and love to others?  Yes  No

• Do you admit to others when you’ve made a mistake?  Yes  No

• Do you strive to forgive those who have wronged you?  Yes  No

• Do you try to speak positively about yourself and about others?  Yes  No

• Do you present yourself honestly and openly to others?  Yes  No

• Do you take care of all your physical, emotional and mental needs?  Yes  No

• Do you feel proud of most of the choices you make?  Yes  No

• Do you seek help or guidance when you’re struggling?  Yes  No

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