

Form 6 My Goals

Name _____

Date _____

Why are you seeking treatment at this time?

How is this problem affecting you?

What is this problem costing you? (Professionally, socially, financially, in terms of health, self esteem, energy, etc)

If this problem continues, how will it affect you in 5 years?

What have you already missed out on because of this problem?

What are you doing that causes the problem to improve?

What are doing that causes the problem to get worse?

What percentage of the problem is caused by your behavior and actions?

____ none ____ 25% ____ 50% ____ 75% ____ other

What percentage of the problem is caused by your partner's behavior and actions?

____ none ____ 25% ____ 50% ____ 75% ____ other

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What would you like to see changed?

Why would you like to see this problem changed?

When would you like to see this problem changed? Give time frame.

What would your life be like if this problem was changed?

Without this problem what would your life look like in 5 years?

Without this problem what would your life look like in 10 years?

By changing this problem, what type of person would you become?

Goal

Plan

Time Frame

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