



Changes I want to make:
How important is it to me to make these changes? (1-10 scale)
How confident am I that I can make these changes? (1-10 scale)
The most important reasons I want to make these changes are:
The steps I plan to take in changing are:
How other people can help me (person; kind of help):
I will know my plan is working when:
Some things that could interefere with my plan are: