

My Change-Plan worksheet

Date _____

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 interfere with my plan are:	