

Values, Goals, & Health



Name: _____

Date: _____

My Values

Part 1: Review the list of values and select the 5 that are most important to you:

1
2
3
4
5

My Goals

Part 2: Think about goals you have that go along with your values. The goal might be anything you think fits with your value. **For your 3 top values, create a goal in the table below:**

1
2
3

What is your vision for the future? How do you see yourself in ...

1 year?

3 years?

10 years?

Part 3: How might your health condition impact achieving your goals and vision for the future?

Goal:

The ways in which my health may influence my achieving goals and my vision:

1
2
3

1
2
3