



Name _____ Date _____

GOALS FOR CHANGE

I Declare. I Desire. I Require.

*Encircle the words for the qualities you want more of.
Put an X for the qualities you want less of.*

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Powerful | <input type="checkbox"/> Committed |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Serene | <input type="checkbox"/> Results-oriented |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Caring | <input type="checkbox"/> Good Listener |
| <input type="checkbox"/> Responsive | <input type="checkbox"/> Resilient | <input type="checkbox"/> Adaptable |
| <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Unemotional | <input type="checkbox"/> Unfettered |
| <input type="checkbox"/> Precise | <input type="checkbox"/> Observant | <input type="checkbox"/> Non-aggressive |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Friendly | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Passionate | <input type="checkbox"/> Focused |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Accepting | <input type="checkbox"/> Peaceful |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Centered |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Stuck | <input type="checkbox"/> Dictatorial | <input type="checkbox"/> Unresponsive |
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Hesitant | <input type="checkbox"/> Too Nice |
| <input type="checkbox"/> Submissive | <input type="checkbox"/> Dependent | <input type="checkbox"/> Giving In |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Angry | <input type="checkbox"/> Frustrated |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Detached | <input type="checkbox"/> Paralyzed |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Impatient | <input type="checkbox"/> Panicked |
| <input type="checkbox"/> Invasive | <input type="checkbox"/> Hysterical | <input type="checkbox"/> Can't Stop |
| <input type="checkbox"/> Worried | <input type="checkbox"/> Empty | <input type="checkbox"/> Needy |
| <input type="checkbox"/> Mind-Wandering | <input type="checkbox"/> Low Esteem | <input type="checkbox"/> Off-Center |
| <input type="checkbox"/> Other... | | |