

Creating Your Goal

What will I do? _____

How often will I do it? _____

When will I do it? (days & time) _____

Where will I do it? _____

Level of Confidence:

Not confident

Very confident

0 1 2 3 4 5 6 7 8 9 10

If your confidence level for achieving your goal is less than 7, re-work your plan