

MUSIC AND MOOD ASSESSMENT

What types of music do you enjoy?

What types of music do you dislike?

Fill out this chart with the types of music that elicit the emotions listed in the table. Use the blank spaces for any emotions not listed that you'd like to add.

ELICITED EMOTION OR MOOD	TYPE OF MUSIC
Happy	
Energized	
Safe and Comfortable	
Calm and Relaxed	
Focused / Able to Concentrate	
Inspired	
Motivated	
Creative	
Productive	
Excited	
Sad / Melancholy	
Based on the types of music you listed, create playlists to match your desired mood.	

SMARTER GOAL WORKSHEET

Go through the following questions to ensure that your goal is SMARTER.

IS IT SPECIFIC?

- What do you want to accomplish?

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- Why is the goal important?

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- Who else do you need to accomplish the goal?

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- Where will you achieve the goal?

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- Which steps are necessary in order to accomplish the goal?

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- Is it measurable? How will you measure the results?

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IS IT ACTIONABLE?

- Can you take action to work toward this goal?

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- Do you have the power to achieve it?

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IS IT RELEVANT?

- Is this goal meaningful to you?

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- Does it match your needs and values?

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IS IT TIMELY?

- When do you want to accomplish this goal?

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- What can be accomplished in a few days? Weeks? Months? A year?

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IS IT EMOTIONALLY DRIVEN?

- Are you excited about this goal?

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- Do you feel inspired and motivated to accomplish it?

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- Can you keep your motivation level high all the way through to completion?

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NEGATIVE SELF-TALK ASSESSMENT

What negative thoughts do you have about yourself?

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Do you really believe these thoughts to be true?

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How do these thoughts make you feel? How are these thoughts impacting your life, right now?

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Where do these thoughts come from? A critical parent? A parent with low self-esteem? Your experience in school? Your friends?

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How can you shift your thinking so that these thoughts are more positive?

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PROVIDE FIVE EXAMPLES OF:

- What you love about yourself

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- Your strengths

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- Your accomplishments

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COMFORT ZONE ASSESSMENT

On a scale of 1 to 10, with 1 being the least invigorated and 10 being the most, evaluate how invigorated you feel in the following areas in your life.

Work/Career	1	2	3	4	5	6	7	8	9	10
Friendships	1	2	3	4	5	6	7	8	9	10
Family	1	2	3	4	5	6	7	8	9	10
Spouse/Significant Other	1	2	3	4	5	6	7	8	9	10
Hobbies	1	2	3	4	5	6	7	8	9	10
Fitness/Health	1	2	3	4	5	6	7	8	9	10
Other Interests	1	2	3	4	5	6	7	8	9	10

Using the following chart as a template, enter how you'd like to challenge yourself to improve the areas in the Comfort Zone Assessment where you scored a six (6) or less. Enter a target date of completion in the right-hand column.

CHALLENGES TO CONSIDER

AREA OF LIFE	CHALLENGE TO PURSUE	TARGET DATE
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

GRATITUDE JOURNAL TEMPLATE

For whom/what are you feeling grateful today?

Were you surprised? Did something happen? What emotions did you feel?
Share the story.

How would life be different without this person, experience, thing for which
you're grateful?

NOISE INVENTORY WORKSHEET

Use the following chart to pinpoint where and when noise levels are at their peak in your environment. If noise levels are too high, consider what you can do to improve the situation.

TIME OF DAY	5 a.m.–8 a.m.
NOISE LEVEL IN YOUR ENVIRONMENT:	
HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?	
WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?	

TIME OF DAY	8 a.m.–Noon
NOISE LEVEL IN YOUR ENVIRONMENT:	
HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?	
WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?	

TIME OF DAY	Noon–3 p.m.
NOISE LEVEL IN YOUR ENVIRONMENT:	
HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?	
WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?	

TIME OF DAY 3 p.m.–6 p.m.

NOISE LEVEL IN YOUR ENVIRONMENT:

HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?

WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?

TIME OF DAY 6 p.m.–10 p.m.

NOISE LEVEL IN YOUR ENVIRONMENT:

HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?

WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?

TIME OF DAY 10 p.m. through the night

NOISE LEVEL IN YOUR ENVIRONMENT:

HOW DOES THIS NOISE LEVEL MAKE YOU FEEL?

WHAT CAN YOU DO TO POSITIVELY ALTER THE NOISE LEVEL?

SPEAK UP ASSESSMENT

When do you feel most comfortable speaking your mind?

When do you struggle to speak your mind?

What do you believe causes you to remain silent when voicing your feelings, thoughts, or opinions, when voicing them might benefit you?

What would be the best-case scenario as a result of your expressing yourself?

What would be the worst-case scenario from expressing yourself?

What could you do to rectify the worst-case scenario?

OPEN-MINDEDNESS ASSESSMENT

What are you most inclined to have a strong opinion about?

Do you know of any judgments or prejudices you hold?

Where do these judgments come from? Are they based on past experiences, upbringing, or something you've read or heard?

Do you believe these judgments to be 100 percent true or accurate?

MEDIA INVENTORY WORKSHEET

For each device listed, log how much screen time you spend each day. Log the number of hours specific to work tasks in the first column and for personal use in the second column. Tally up the hours spent on each device, as well as the total amount of hours you spend on all screens per day. Set a goal of how much screen time you'd like to cut out of your week. Write these numbers in the right-hand column, "Goal."

TECHNOLOGY TYPE	HOURS PER DAY		TOTAL	GOAL
	WORK-RELATED	PERSONAL		
Television / Movies				
Video Games				
Television Screen Total:				
Internet				
Email				
IM/Chat				
Any Software/Application				
Computer Video				
Computer Screen Total:				
Mobile Internet				
Mobile Text/Messaging				
Mobile Video				
GPS Navigation				
Tablet				
eReaders				
Mobile Screen Total:				
Cinema				
Other				
Other Total:				
MEDIA TOTAL:				

CELEBRATE AND REWARD WORKSHEET

List five major accomplishments of which you are proud.

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What did you do to accomplish each of these things?

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What three words describe how you feel as a result of these accomplishments?

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SELF-CONFIDENCE WORKSHEET

WHAT ARE YOUR STRENGTHS?

- What are you good at that doesn't require very much effort?

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- What do you do better than most other people?

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- When do you feel like you're in a "zone" of productivity, accomplishment, success, and happiness all at once?

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WHAT ARE YOUR ACCOMPLISHMENTS?

- What accomplishments are you most proud of and why?

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- What obstacles did you overcome during the process?

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WHAT ARE YOUR MOST POSITIVE CHARACTERISTICS?

- What makes you special?

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- What do people know they can count on about you?

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- What do your friends, colleagues, and family think about you?

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FEAR WORKSHEET

PAST FEARS

- What fears did you deal with in the past?

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- How did they make you feel? What were you most afraid of?

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- Were the fears based in reality? What caused them?

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- What did you do or not do, and what was the result?

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- If no action was taken, how did the fear hold you back? If action was taken, what were the benefits?

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CURRENT FEARS

- What past fears do you still face today?

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- What new fears have developed?

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- Are these fears based in reality? What is causing them?

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- What control do you have over these situations, and what can you do?

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PLAY ASSESSMENT

What were your favorite activities as a child? What could you do for countless hours?

How did those activities make you feel?

What can you do today that would elicit some of those same feelings?

What activities do you enjoy alone?

What activities make you lose your sense of time passing?

What activities do you enjoy with others?

A WEEK OF RESEARCH

Using the following chart, write down the activities you do over the course of the week and rate how much fun they are. In the right-hand column, assess whether you want to do more or less of the activity.

ACTIVITY	FUN (ON A SCALE OF 1 TO 10)										MORE OR LESS?
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	
	1	2	3	4	5	6	7	8	9	10	

INTENTION JOURNAL TEMPLATE

TODAY'S INTENTION:

REFLECTIONS ON THE DAY'S INTENTION:

- Were you successful?

- What could you have done differently?

DEMONS WORKSHEET

YOUR DEMONS

- What past mistakes still upset you?

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- What relationships caused (or still cause) you pain or hurt?

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- What are you disappointed about?

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- What regrets do you have?

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LESSONS LEARNED

- What lessons did you learn from each of these?

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NEW ENERGY CREATION

- What positives can you take away from your negative experiences?

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- How can you apply lessons learned to create a new and more positive energy for the future?

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- What in your life has gone well, and how can you apply that to the future?

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GENEROSITY WORKSHEET

Describe a time you know you were generous.

What did you do?

How did it help others?

How did it make you feel?
