



## My Life Changes

In the spaces provided, indicate the types of changes you would like to make in your life in order to help decrease stress. Be as specific as possible.

### LIFESTYLE HABITS:

Diet: \_\_\_\_\_

Exercise: \_\_\_\_\_

Sleep: \_\_\_\_\_

Relaxation: \_\_\_\_\_

### APPROACHES TO SITUATIONS:

Time Management: \_\_\_\_\_

Money Management: \_\_\_\_\_

Assertiveness: \_\_\_\_\_

Problem-solving coping skills: \_\_\_\_\_

### WAYS OF THINKING:

Realistic Expectations: \_\_\_\_\_

Sense of Humor: \_\_\_\_\_

Support System: \_\_\_\_\_

Positive Thinking: \_\_\_\_\_

Challenge Negative Thinking: \_\_\_\_\_

### OTHER CHANGES:

---

---

---

## My Quality of Life Goals

Begin to set short-, medium- and long-term goals that will improve your quality of life. Be sure to refer back to your personal definition of quality of life. Include the highest rated elements to have the greatest impact. A short-term physical goal might be to “call my doctor about getting new nausea medication.” A medium-term goal for nausea might be to “develop an anti-nausea shopping list and menu for my daughter who does all the cooking.” A long-term goal might be to “finish a program to desensitize myself to the smell of meat.”

	Short Term	Medium Term	Long Term
Physical/Practical			
Mental Health			
Social			
Spiritual			

---

## Behavioral Goals for the Week

**Goal #1**

---

---

**Goal #2**

---

---

**Goal #3**

---

---

**Goal #4**

---

---

**Goal #5**

---

---