



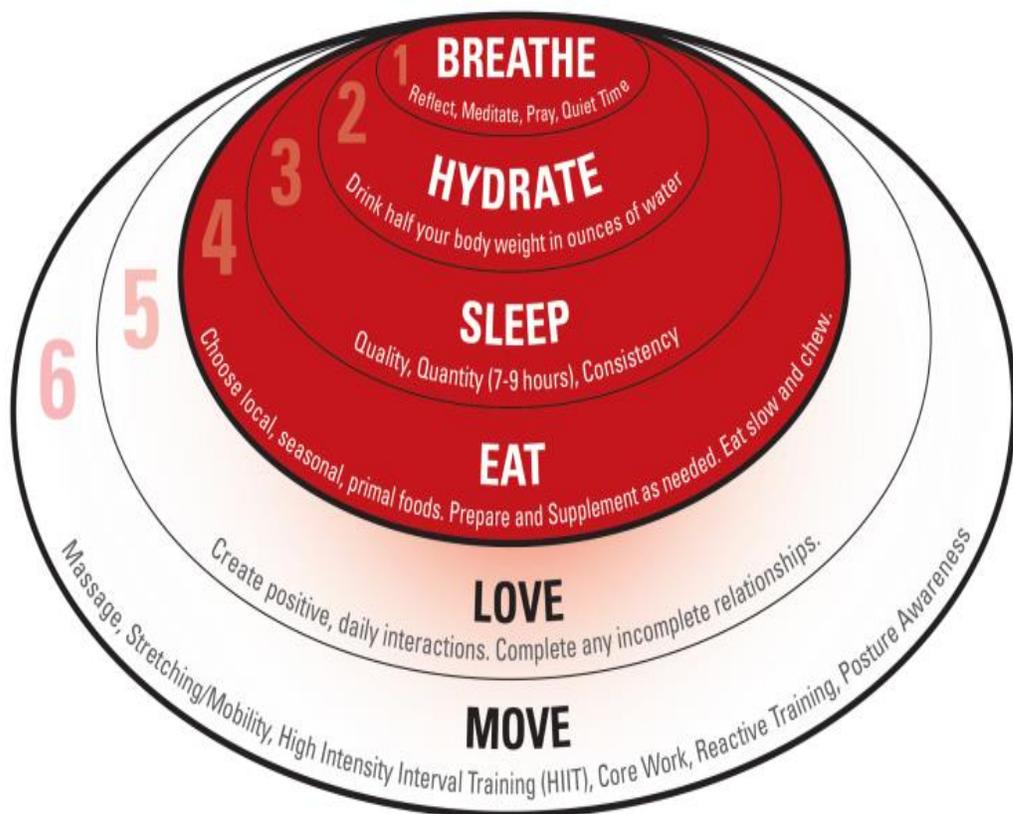
I am a Priority!

The Path To Achieving Your Goals in 2016

6 DAILY PRIMAL NEEDS *I am a Priority!*

Are your primal needs being met?

Only when you satisfy your 6 primal needs can you achieve optimal health, fitness and wellness. Make yourself a priority by setting your focus on achieving these 6 primal needs each day. You must plan and prepare for success!



LIFE SUSTAINING ABSOLUTES

Your body requires **air, water, sleep and food** to survive.

ELEMENTS OF VITALITY

By improving your past and current relationships and getting movement, you'll experience greater success in your overall health, well-being and vitality.



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Name: _____ Date: _____

HEALTH & FITNESS GOALS (Please check specific goals):

1.

Goal	
<input type="checkbox"/> Improved strength	<input type="checkbox"/> Have more energy
<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Have more endurance
<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Increase sex drive
<input type="checkbox"/> Increase muscle tone	<input type="checkbox"/> Improve complexion
<input type="checkbox"/> Improve eating habits	<input type="checkbox"/> Have stronger nails
<input type="checkbox"/> Lose body fat	<input type="checkbox"/> Gave healthier hair
<input type="checkbox"/> Lose weight	<input type="checkbox"/> Be less moody
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Be less depressed
<input type="checkbox"/> Gain muscle mass	<input type="checkbox"/> Be less indecisive
<input type="checkbox"/> Improve performance in a sport	<input type="checkbox"/> Feel more motivated
<input type="checkbox"/> Improve quality of life	<input type="checkbox"/> Be more organized
<input type="checkbox"/> Improve speed and agility	<input type="checkbox"/> Think more clearly & be more focused
<input type="checkbox"/> Begin a regular exercise program	<input type="checkbox"/> Improve memory
<input type="checkbox"/> Be free of pain	<input type="checkbox"/> Do better on tests
<input type="checkbox"/> Improve sleep	<input type="checkbox"/> Not to be dependent on over the counter medications (Tylenol, aspirin, benadryl, sleeping aids, etc)
<input type="checkbox"/> Have agreeable breath	<input type="checkbox"/> Stop using laxatives or stool softeners
<input type="checkbox"/> Have agreeable body odor	<input type="checkbox"/> Get less colds & flus
<input type="checkbox"/> Improve digestion	<input type="checkbox"/> Better self esteem
<input type="checkbox"/> Rehabilitate an injury	<input type="checkbox"/> Other:

2. LIFE GOALS:

(Please check specific goals)

<input type="checkbox"/> Improve a relationship	<input type="checkbox"/> Get in a relationship
<input type="checkbox"/> Complete something from the past:	<input type="checkbox"/> Find your true vocation (calling):
<input type="checkbox"/> Make more money	<input type="checkbox"/> Write a book
<input type="checkbox"/> Go back to school	<input type="checkbox"/> Other:
<input type="checkbox"/> Find a fulfilling job	<input type="checkbox"/> Other:
<input type="checkbox"/> Spend more time on your passions:	<input type="checkbox"/> Other:



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3. Now that you answered the questions above, WHAT do you really want? What is underneath looking better (i.e. losing body fat, gaining more muscle). Take your time here and reflect on this question for a couple days. _____

4. What are your life values (What is important to you?-Rank level of importance)? _____

5. CREATE your goals: Be as descriptive as you can to get the best results.

Examples:

It is now March 31st (Future Date) and I am/have completed my first month at Brien's Boot Camp. Waking up is tough, but I have lost body fat, have more energy and feel less stressed (be specific about what you will see & feel at a future date) and when I look in the mirror I love myself (pick something that triggers joy) (End Step).

It is now Jan 25th (Future Date) and I am/have lost 10 pounds with the 21 day detox program and when I fit back into my old jeans I jumped up and down with joy!!! (End Step).

It is now Jan. 7th (Future Date) and I am/have increased my focus and reduced my digestive issues by reducing carbs, gluten and pasteurized dairy and I am so excited to have a sense of health once again. (End Step).

It is now Jan. 14th (Future Date) and I am/have went to bed at 9:30 pm each night for the last 14 days and wake up feeling energized for the day and I am efficient once again. I also feel less anxious and life is just easier (End Step).

It is now Jan 21st (Future Date) and I am/have moving 30 min each day for the last 21 days. Burpees are now fun! And my body is changing- my clothes are fitting better and my belly is flatter. End Step).

It is now Jan 31st (Future Date) and I am/have spent 30 min. per day with my family each day for the last 21 days and I feel love once again. End Step).

It is now Jan. 21st (Future Date) and I am/have spent 7 min per day using the Chakra Tuner Meditation App and I feel less stressed and in control. I am no longer a victim. I am in control of my thoughts and beliefs and I am ultimately in control of my actions (End Step).



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6. Your turn:

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).

It is now ____ (Future Date) and I am/have _____
_____. (End Step).



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7. What are your top 3 goals? Write below now and then transfer to colored paper to review daily before you leave your home. Add your deadline to accomplish your goals and why it is a MUST.

Goal 1:

Goal 2:

Goal 3:

Goal 4 (as needed):



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8. Please list any self-destructive lifestyle habits (i.e. smoking, lack of exercise, addictions, etc.) _____

9. Are there any obstacles that may prevent you from achieving your goals?

(Is your work or school schedule, financial situation, or lack of family support likely to pose a problem? What can you do this time to avoid pitfalls that you faced the last time you had a goal?)

Potential barriers and how I will counteract them: _____

10. WHY do you want to achieve these goals?

I want to achieve my goals because: _____

11. What are the structures that will make the achievement of these goals inevitable (What is the game plan)? (Many will not know what to write here because this is the missing ingredient for goal achievement). It is best to work with a coach at least once a month for accountability (Facebook coaching page will help a great deal).



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10. What might it cost you if you don't significantly improve your lifestyle and any underlying contributors to compromise health? (For example: vitality, longevity, joy, happiness, peace of mind, future physical independence, current and/or future relationships, career effectiveness, etc.)

I want to achieve my goals because otherwise it will cost me: _____

11. How will you know if you reach your goals?

When I am successful I will: _____

12. What is the present level of commitment to change the underlying causes of problem(s) that relate to your lifestyle? (Rate from 1-10, with 10 being 100% committed.) _____

13. Does your family and friends support you and your decision for success in achieving your goals? _____

My social support is: _____

My coach is: _____

My coaching meeting is: _____

I, _____ (Signature) agree to follow the structures that will allow me to achieve my goals. I agree to have an open mind and do something positive for myself daily. I am a Priority!

Review your goals daily and keep them where you can see them. I highly recommend using a daily journal to reflect on things that come up during the day. In addition, it is a good practice to reflect on the gifts and the challenges of the day. Journal these reflections and work with a coach or spiritual director for best results.