

The Path To Achieving Your Goals in 2012

Are Your Daily Needs Being Met?

- ✓ Air
- ✓ Water
- ✓ Food

- ✓ Sleep
- ✓ Movement
- ✓ Connection





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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"/> Gain muscle mass	<input type="checkbox"/> Be less moody
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Be less depressed
<input type="checkbox"/> Rehabilitate an injury	<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"/> Sleep better	<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"/> Other:	<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.

Example: It is now Jan 31, 2011 (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, feel better, have more energy, feel less stressed (be specific about what you will see & feel at a future date) and when I look in the mirror I love what I am seeing (pick something that triggers emotion) (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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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. Are you prepared to make the lifestyle changes that will allow you to acquire your goals? (Small changes often produce major results.)

To acquire this change I will (see #7): _____

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

When I am successful I will: _____

13. 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.) _____

14. 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. Success is for me.

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.