Change Plan Worksheet

Name:	Date:
Some changes I want to make include:	
The reasons why I want to make these changes include:	
My plan for making these changes is to:	
I will know my plan is working when this happens:	
Some things that could interfere with my plan for change include:	
If those things interfere, I plan to:	
Use the scale below to answer the following questions:	
Not important at all - 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -	Very important
How important is it to make this change?	
How motivated am I to make this change?	
How confident am I that I can make this change?	