DATE: \_\_\_\_\_



| Begin by asking yourself these questions and then fill in the answers below. Then, schedule any key actions into your calendar & Weekly Planner to ensure you bring to completion. |                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| PHYSICAL HEALTH                                                                                                                                                                    | - What have I done, or will I do, to improve or maintain my health? |  |
| PAST -                                                                                                                                                                             |                                                                     |  |
| PRESENT -                                                                                                                                                                          |                                                                     |  |
| FUTURE -                                                                                                                                                                           |                                                                     |  |
| MENTAL HEALTH -                                                                                                                                                                    | What have I done, or will I do, to boost my confidence?             |  |
| PAST -                                                                                                                                                                             |                                                                     |  |
| PRESENT -                                                                                                                                                                          |                                                                     |  |
| FUTURE -                                                                                                                                                                           |                                                                     |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| PERSONAL MONE                                                                                                                                                                      | Y - What have I done, or will I do, to make or save money? |  |
| PAST -                                                                                                                                                                             |                                                            |  |
| PRESENT -                                                                                                                                                                          |                                                            |  |
| FUTURE -                                                                                                                                                                           |                                                            |  |
| BUSINESS MONEY -                                                                                                                                                                   | What have I done, or will I do, to improve my business?    |  |
| PAST -                                                                                                                                                                             |                                                            |  |
| PRESENT -                                                                                                                                                                          |                                                            |  |
| FUTURE -                                                                                                                                                                           |                                                            |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| RELATIONSHIPS -                                                                                                                                                                    | Who and what do I value? Does anything need to change? |  |
| PAST -                                                                                                                                                                             |                                                        |  |
| PRESENT -                                                                                                                                                                          |                                                        |  |
| FUTURE -                                                                                                                                                                           |                                                        |  |
| SENSE OF PURPOS                                                                                                                                                                    | SE - Who did I, or will I help to have a better day?   |  |
| PAST -                                                                                                                                                                             |                                                        |  |
| PRESENT -                                                                                                                                                                          |                                                        |  |
| FUTURE -                                                                                                                                                                           |                                                        |  |

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| actions into your calendar & Weekly Planner to ensure you bring to completion. |  |  |
|--------------------------------------------------------------------------------|--|--|
| HAVING FUN - What have I enjoyed and what am I looking forward to?             |  |  |
| PAST -                                                                         |  |  |
| PRESENT -                                                                      |  |  |
| FUTURE -                                                                       |  |  |

Begin by asking yourself these questions and then fill in the answers below. Then, schedule any key