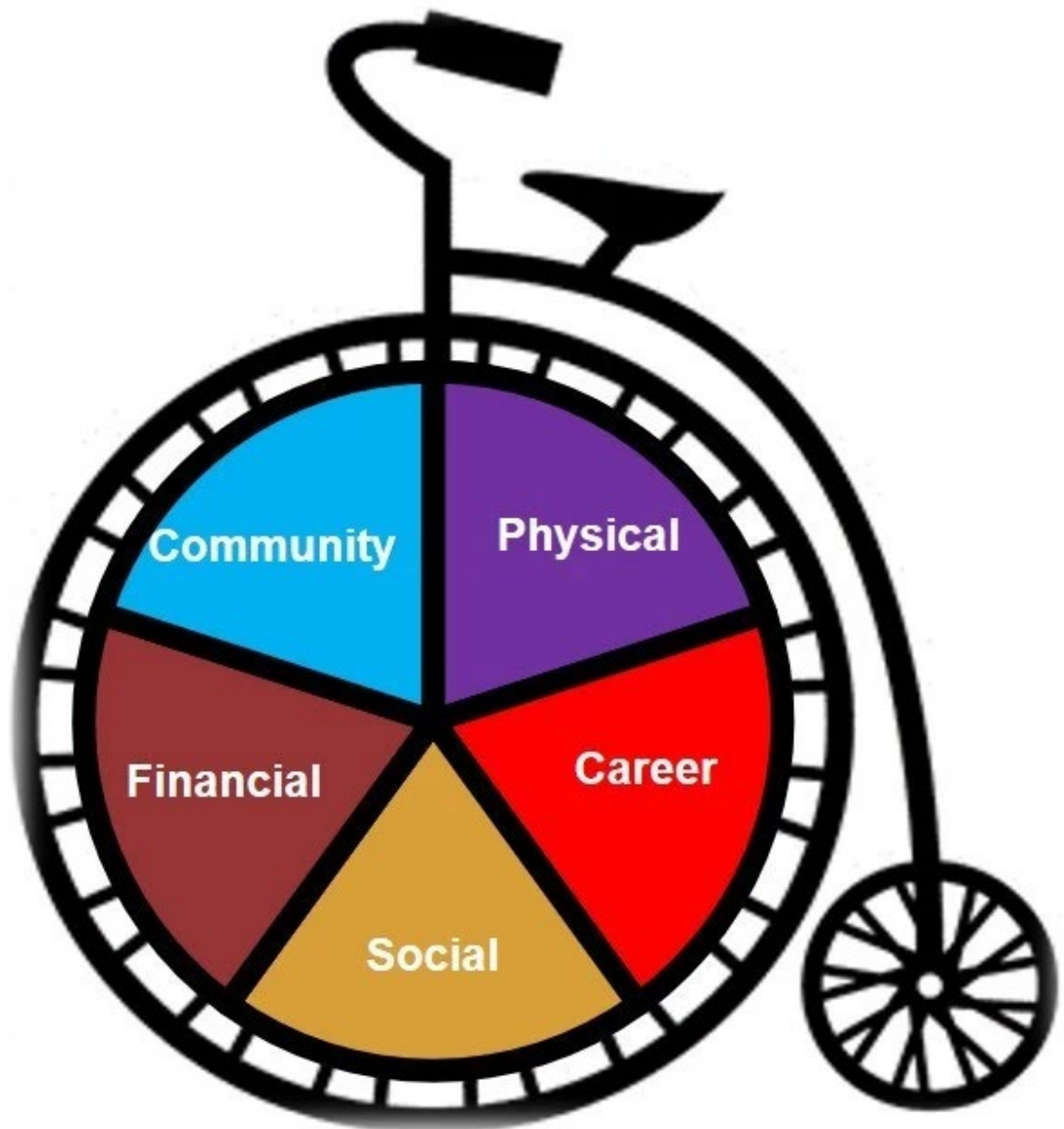


WELLBEING IMPROVEMENT WORKBOOK

A Guide on How to Get Yourself from Point A to Point B



WELLBEING FACT

Many times, people fail to improve their wellbeing not because they lack intelligence, courage, or will-power, but because they did not organize their energies appropriately around and/or develop a well-thought-out plan.

A Well-Thought-Out Plan Includes Five Essential Items:

1. A completed ***“Wellbeing Assessment”*** to provide clarity on exactly where your interests lie.
2. A written ***“Smarter Goal”*** that identifies exactly what you want to accomplish.
3. A list of ***“One Time Actions”*** you can take that will make it easier for you to reach your goal.
4. A list of ***“Repeated Actions”*** you must make to develop habits necessary to reach your goal.
5. A completed ***“Self-Limiting Belief Worksheet”*** to provide clarity on beliefs you may need to change.

The Offutt AFB Health Promotion Office

is proud to provide all five of these items for you in this workbook.

Utilizing these items will dramatically increase your likelihood of improving your wellbeing. It will inject clarity, focus, and motivation, and increase your belief in the importance and value of following through on your interests.

To Provide Further Assistance on Helping You Improve Your Wellbeing,

we highly encourage you to attend all our classes and participate in the optional program associated with each. All our classes and programs are free of cost and available for everyone, except for the last one listed which is for Active-Duty Military Members only. They are: ***“Strategies for Diet & Exercise & The Soar into Health 4-Week Challenge & The Weight Loss Warrior 16-Week Support Program”***, ***“Healthy Thinking, Emotional Control, Stress to Strength & The Thriving Mind Challenge”***, ***“Sleep is My Superpower & The 14 Day Superpower Sleep Challenge”***, and ***“Fitness Improvement Training & The 30-Day Fitness Frenzy Challenge”***.

STRIVE FOR IMPROVEMENT NOT PERFECTION

It’s an old saying “Failure is the stepping-stones to success”. True...but only if you don’t give up and/or keep making the same mistakes repeatedly! Improving your wellbeing is a journey. A journey that may take you down unfamiliar territory and require you to do things you may have never done before. A journey that can teach you some very valuable lessons. But only, that is, if you’re open to them! Lessons can be learned when you’re successful following through on your intentions, as well as, if not more so, when you fall short of them. The key during the journey is to remember the distance you’ve already come whenever a set-back occurs so that you don’t stop dead in your tracks. Remembering the distance you’ve come, reminds you of the improvement you’ve made. It’s improvement that will get you where you are going, not perfection. Remembering this after a setback will allow you take the next step to start moving again sooner rather than later. Forgive yourself if you fall short of one of your intentions and ask yourself, “What can I learn from this and/or do differently to avoid this set-back from occurring again?”

FEEL GOOD IN THE PROCESS

Improving your Wellbeing requires time, effort, and persistence, all of which test our patience. Therefore, it’s important to feel successful as early as possible in the process. You do not have to wait to accomplish your ***Smarter Goal*** to feel successful. Each ***One-Time Action*** you take, ***Repeated Action*** you make, and ***Self-Limiting Belief*** you change, is a step in the right direction. Be sure to take more personal pride in what you accomplish and dwell much less on what you don’t accomplish. When you do this, you’ll be much more likely to experience the feeling of achievement, the happiness that comes from it, and build confidence. Feel empowered with each action you take and if an action escapes you, remember to be forgiving and flexible. It’s ok, you’re human...try, try, and try again!

Just don’t give up...don’t ever give up!

WELLBEING ASSESSMENT

Indicate Your Response for Each of the Following on a Scale of 1 to 10 With 1 Being Poor and 10 Being Great

- How well are you at getting regular cardiovascular exercise weekly? _____
- How well are you at getting regular strength training exercise weekly? _____
- How well are you at regulating the type and amount of food you are putting in your body? _____
- How well are you at feeling comfortable with your current body weight? _____
- How well are you at getting approximately 8 hours of sleep every night of the week? _____
- How well are you at managing stress by keeping your overall daily thinking and decisions healthy and positive? _____
- How well are you at feeling motivated and enthusiastic to face each day and to take good care of yourself? _____
- How well are you at avoiding nicotine use? _____
- How well are you at avoiding overdrinking and moderating your overall alcohol intake throughout the week? _____
- How well are you at feeling you're managing your money and finances adequately? _____
- How well are you at feeling you have strong connections and relationships? _____
- How well are you at feeling you have a strong sense of purpose in life? _____

Rank the 12 Categories You'd Like to Improve, with 1 Being the Most Important to You and 12 the Being the Least

(Keep in-Mind, Any Category You're Doing Great in May Be Ranked Low in Importance Because You're Already Doing Great in it).

Regular Cardio ____ Regular Strength ____ Sound Nutrition ____ Wt. Mgmt ____ Quality Sleep ____ Stress Mgmt ____
Motivation ____ Nicotine ____ Alcohol ____ Finances ____ Strong Connections ____ Strong Purpose ____

Describe your overall current state of wellbeing and how you feel about it. Use the questions above to help guide your writing:

"READINESS SCALE"

Indicate Where You are Right Now with Your Readiness to Improve What You Ranked #1 in Importance

0	1	2	3	4	5	6	7	8	9	10
I am Not Ready			I am Almost Ready				I am Very Ready			

What led you to pick this number? _____

If possible, what would help you pick a higher number? _____

"IMPORTANCE SCALE"

Indicate How Important It Is for You Right Now to Improve What You Ranked #1

0	1	2	3	4	5	6	7	8	9	10
Not Very Important			Fairly Important				Very Important			

What led you to pick this number? _____

If possible, what would help you pick a higher number? _____

"CONFIDENCE SCALE"

Indicate Where You are Right Now with Your Confidence to Improve What You Ranked #1 in Importance

0	1	2	3	4	5	6	7	8	9	10
Not Very Confident			Fairly Confident				Very Confident			

What led you to pick this number? _____

If possible, what would help you pick a higher number? _____

OVER →

SMARTER GOAL SETTING WORKSHEET

The key in goal setting is to make certain your goal does not include the words “want” or “will”, and is not too vague, such as “*I want to get in better shape*” or “*I will lose weight*”. Using these words creates future tense, as though it’s something you’ll eventually get around to. Instead, your goal should be an objective that reads like a true statement. **Outcome-Oriented Goals** would read as such, “*I score 85 on my AF fitness assessment*” or “*I’m at 20% body fat*” or “*I’m a non-smoker*” or “*I have \$1,000 dollars in my savings account*”. **Action-Oriented Goals** would read as such, “*I lift weights twice a week*” or “*I stay under 2,000 calories daily*” or “*I don’t smoke when I go out*” or “*I make a deposit into my savings account every week*”.

Your goal should also follow the **SMARTER** method.

It should be **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound, **E**valuated, and **R**ewarded.

Establish for Yourself Below, Either an Outcome-Oriented or Action-Oriented Goal or Perhaps Both, for the Wellbeing Category You Ranked #1 in Importance

MY OUTCOME-ORIENTED GOAL: _____

Time My Outcome-Oriented Goal Will be Accomplished by: _____

MY ACTION-ORIENTED GOAL: _____

Relevance: Identify why your goal is important to you. “Why’s” are like raffle tickets, the more you have the more likely you are to win. Reflect on the many benefits that would be yielded if you accomplish your goal as well as what consequences may exist if you do not work toward it, as it may affect you as well as others.

My Why’s: _____

Support: Informing others of your goal, the reasons the goal is important to you, and the support you’d like from them is instrumental for behavioral change. This will significantly increase your accountability and resolve not to give up. Identify at least one individual you will share this information with and seek support from.

My Support Team: _____

Rewards: Enjoying the physical, mental, and emotional benefits produced by accomplishing your goal is the biggest rewards, but anticipated rewards can also provide motivation. List at least one thing you can look forward to rewarding yourself with for accomplishing your goal.

My Rewards: _____

RECOMMENDED MUST READ
FOR PEOPLE SERIOUS ABOUT GOAL SETTING
“Your Best Year Ever” by Michael Hyatt

ACTION PLAN WORKSHEET

Action Plan & Evaluation: The beginning of each week right down the **One-Time Actions** you plan to take during the week that are associated with helping you reach your goal. At the end of each week write down if you completed your actions or not, why it was or was not accomplished, how it made you feel (good or bad), and what if anything was learned in the process. BE REAL! If you’re happy with what you accomplished, state it! If you’re disappointed, state it!

Helpful One-Time Actions Are	Example
Positive	Plan my dinners for the week with no more than 700 kcal. Instead of negative: Stop eating so much at dinner.
Specific	Attend a new exercise class at 9 a.m. on Wednesday this week. Instead of vague: I’ll start to mix it up and cross-train.
Something Under Your Control	Purchase healthy snack items for myself for the week. Instead of what you can’t control: Keep wife from buying unhealthy snacks.

ONE-TIME ACTION EXAMPLES

Regular Cardio/Strength Training Exercise: Monday, register to attend the HPO class, “Strategies for Diet & Exercise”. Tuesday, join my neighborhood gym. Thursday, attend a new fitness class. Friday, try a different piece of cardiovascular exercise equipment. Saturday, participate in the community walk/run event.

Sound Nutrition/Weight Management: Monday, go “meatless” for the entire day. Tuesday, clean the junk food out of my house. Wednesday, go to Walmart and purchase new tupperware containers and freezer bags. Thursday, go to the grocery store and stock up on fruits and vegetables. Friday, select a healthy meal when we go out to eat.

Quality Sleep: Monday, watch the HPO class “Sleep is My Superpower”. Tuesday, start filling out my 14 Day Superpower Challenge Participation Sheet. Wednesday, try a deep breathing exercise and guided imagery as I attempt to fall asleep. Thursday, search Amazon and order a weighted blanket. Friday and Saturday, stay up only 1 hour longer than usual.

Stress Management/Motivation: Monday, register to attend the HPO Classes, “Healthy Thinking, Stress to Strength and Emotional Control”. Tuesday, using the voice command on my phone, say, “The Daily Motivator” and read Ralph Marston’s daily inspirational message. Wednesday, before I go to sleep reflect upon and answer the question “Today, I’m glad that????”. Thursday, practice executing mindful moments throughout the day.

Finances: Monday, check my account balances. Wednesday, review my spending history to account for where my money is going. Friday, contact the Military Family Readiness Center and inquire about their financial services.

Strong Connections: Monday, reflect upon and perhaps write down all the relationships I have in life (ex, husband, father, son, brother, soldier, neighbor, etc.). Tuesday, call all my family members. Wednesday, research community clubs to join or upcoming events to attend. Weekend, go out of my way to engage in conversation with my neighbor.

Strong Purpose: Monday, reflect upon and perhaps write down how I make a difference to all the people I have relationships with. Tuesday, reflect upon and perhaps write down how I make a difference at work. Weekend, go out of my way to make any positive difference, big or small, in a stranger’s life.

**For the Wellbeing Category You Ranked #1 in Importance, You’re Encouraged to Establish
However Many One-Time Actions You Feel are Manageable Each Week.**

You Do Not Have to Have an Action for Each Day of the Week.

Your Actions Can Change Each Week and/or be Moved to the Next Week if Not Accomplished During the Week.

Week 1 One-Time Actions: _____

Week 1 Evaluation: _____

Week 2 One-Time Actions: _____

Week 2 Evaluation: _____

Week 3 One-Time Actions: _____

Week 3 Evaluation: _____

Week 4 One-Time Actions: _____

Week 4 Evaluation: _____

HABIT FORMATION WORKSHEET

Starting from the Morning, Write Down Each Habit You're Currently Doing Daily: Make Bed, Brush Teeth, Make Coffee, etc.

If it's a Positive Habit, indicate "+". If it's a Negative Habit, indicate "-". If it's a Neutral Habit, indicate "?".

- | | | | |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ | 16. _____ |
| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
| 4. _____ | 9. _____ | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

HEALTHY HABIT CONSIDERATIONS

Circle the Number of Days You Average Per Week Performing the Following Statements.

1. Drink at Least Something Rather Than Nothing Approximately Every 3 Hours Throughout the Day	0	1	2	3	4	5	6	7
2. Drink 0 Cal and/or Low-Cal Beverages Rather Than High Including Low Fat or Fat Free Milk or Low-Cal Alcohol	0	1	2	3	4	5	6	7
3. Drink ½ Your Body Weight in Fluid Ounces Each Day (ex. 150 lbs.= 75 Ounces)	0	1	2	3	4	5	6	7
4. Eat at Least Something Rather Than Nothing for Breakfast	0	1	2	3	4	5	6	7
5. Eat/Drink a Low-Calorie Snack/Protein Shake Between Breakfast and Lunch	0	1	2	3	4	5	6	7
6. Eat at Least Something Rather Than Nothing for Lunch	0	1	2	3	4	5	6	7
7. Eat/Drink a Low-Calorie Snack/Protein Shake Between Lunch and Dinner	0	1	2	3	4	5	6	7
8. Eat at Least Something Rather Than Nothing for Dinner	0	1	2	3	4	5	6	7
9. After Dinner, Eat Nothing and/or Only Snack on Zero/Low Calorie Foods (<i>leafy vegetables, cucumbers, pickles, radishes, celery, carrots, broccoli, cauliflower, sugar snap peas, beats, peppers, watermelon, grapefruit, berries</i>)	0	1	2	3	4	5	6	7
10. Consume at Least 2 Cups of Fruit & 2 Cups of Vegetables Throughout the Day	0	1	2	3	4	5	6	7
11. Avoid High Fat Meat (<i>ham, bacon, pepperoni, sausage, hot dogs, pork chops, hamburger, ribs, ribeye steak</i>)	0	1	2	3	4	5	6	7
12. Avoid High Trans Fat Foods (<i>butter/margarine, pizza, fried food, pies, popcorn, ice cream, frozen dinners</i>)	0	1	2	3	4	5	6	7
13. Avoid High Sugary Foods (<i>candy, cookies, cakes, pies, pastries, etc.</i>)	0	1	2	3	4	5	6	7
14. Eat Whole Wheat Products Rather Than White or Enriched	0	1	2	3	4	5	6	7
15. Eat Every Meal at Home and/or Prepared from Home	0	1	2	3	4	5	6	7
16. Follow "MyPlate" Method for at Least Your Largest Meal of the Day	0	1	2	3	4	5	6	7
17. Eat Mindfully (<i>take your time, enjoy the experience, chew a lot, stop when full, prepare leftovers, get a to go box etc.</i>)	0	1	2	3	4	5	6	7
18. Avoid Emotional Eating (<i>when bored, sad, mad, anxious, etc.</i>)	0	1	2	3	4	5	6	7
19. Do Not Over-Eat at Any Single Meal of the Day (<i>subjective believe</i>)	0	1	2	3	4	5	6	7
20. Do Not Over-Eat Any Single Day of the Week (<i>subjective believe</i>)	0	1	2	3	4	5	6	7
21. Use a Calorie Counter App for at least 7 Days in a Row Within the last 4 weeks (<i>circle 0 if no and 7 if yes</i>)	0	1	2	3	4	5	6	7
22. Obtain Between 10-30 Minutes of Direct Exposure to Natural Sunlight Daily	0	1	2	3	4	5	6	7
23. Obtain a Good Amount of Exposure to Artificial Light Throughout the Day & Into Early Evening	0	1	2	3	4	5	6	7
26. Avoid Consuming Caffeine 8 Hours Prior to Bedtime	0	1	2	3	4	5	6	7
29. Avoid Using Nicotine 4 Hours Prior to Bedtime	0	1	2	3	4	5	6	7
35. Avoid Performing Vigorous Exercise 3 Hours Prior to Bedtime	0	1	2	3	4	5	6	7
36. Avoid Drinking any Fluids 2 Hours Prior to Bedtime (<i>except for meds</i>)	0	1	2	3	4	5	6	7
37. Avoid Screen Time 1 Hour Prior to Bedtime (<i>and/or wear blue light blocking glasses</i>)	0	1	2	3	4	5	6	7
38. Make Your Bedroom Cooler (<i>approx. 68-65 deg.</i>) Before Turning in	0	1	2	3	4	5	6	7
39. Darken Your Bedroom as Much as Possible Before Turning in	0	1	2	3	4	5	6	7
40. Ensure You Minimize Noise Distractions Before Turning in	0	1	2	3	4	5	6	7
41. Go to Bed Within Plus or Minus 15 Minutes of the Same Time Nightly	0	1	2	3	4	5	6	7
42. Practice Deep Breathing and/or Guided Imagery When Attempting to Fall Asleep	0	1	2	3	4	5	6	7
43. Go to Bed at a Time That at Least Allows You the Opportunity to Get Approx. 8 Hours of Sleep	0	1	2	3	4	5	6	7
44. Perform Cardiovascular Exercise (<i>above & beyond normal daily activity</i>)	0	1	2	3	4	5	6	7
45. Perform Strength Training Exercise (<i>2-3x per week recommended</i>)	0	1	2	3	4	5	6	7
46. Take Measures Beyond Exercise Time to Increase Physical Activity (<i>take stairs, park further away, etc.</i>)	0	1	2	3	4	5	6	7
47. Every Morning, Read an Inspirational Message from any Source and/or by Speaking into Your Phone " <i>The Daily Motivator</i> "	0	1	2	3	4	5	6	7

48. Practice Mindfulness During the Day (<i>breathing exercises, guided meditation, etc.</i>)	0	1	2	3	4	5	6	7
49. Listen to Music	0	1	2	3	4	5	6	7
50. Bring Humor into Your Day (<i>actual cartoons/jokes, funny reads, humorous pod casts/shows</i>)	0	1	2	3	4	5	6	7
51. Intentionally Say or Do Something to Make a Positive Difference in Someone Else's Day	0	1	2	3	4	5	6	7
52. Think Positive Thoughts (This is Worth It!, I Got This!, Yes I Can!, etc.)	0	1	2	3	4	5	6	7
53. Reflect Upon and Answer the Question Each Evening "Today, I'm Glad That?????????"	0	1	2	3	4	5	6	7
54. Avoid Places/Events That Prompt You to Smoke	0	1	2	3	4	5	6	7
55. Avoid People That Prompt You to Smoke	0	1	2	3	4	5	6	7
56. Avoid Taking Your Nicotine Products with You Wherever You Go	0	1	2	3	4	5	6	7
57. Execute A Healthy Action to Deal with Pain or Stress Rather Than Smoke	0	1	2	3	4	5	6	7
58. Avoid Places/Events That Prompt You to Drink Alcohol	0	1	2	3	4	5	6	7
59. Avoid People That Prompt You to Drink Alcohol	0	1	2	3	4	5	6	7
60. Avoid Drinking in Your Home by Yourself	0	1	2	3	4	5	6	7
61. Execute A Healthy Action to Deal with Pain or Stress Rather Than Drink Alcohol	0	1	2	3	4	5	6	7
62. Avoid Places/Events That Prompt You to Spend Money When You Know Your Money Is Tight	0	1	2	3	4	5	6	7
63. Avoid Unnecessary Purchases When You Know Your Money Is Tight	0	1	2	3	4	5	6	7
64. Execute A Healthy Action to Deal with Pain or Stress Rather Than Buy Something For Instant Pleasure	0	1	2	3	4	5	6	7
	0	1	2	3	4	5	6	7

Indicate the Number of the Top 3 Habits You Believe Strengthening and/or Developing Would Benefit You the Most for Improving the Wellbeing Category You Ranked #1 in Importance:

#1. _____ #2. _____ #3. _____

Write Below an "Implementation Intention" for Your Habits. Consider Below "Habit Stacking" Your Intention If Applicable.



#1: I will _____ at _____ in _____. After _____ I Will _____

NEW HABITTIMELOCATIONCURRENT HABITNEW HABIT

#2: I will _____ at _____ in _____. After _____ I Will _____

#3: I will _____ at _____ in _____. After _____ I Will _____

HABIT TRACKER

Place an X Over Each Successive Day You Do the Habit. If You Miss a Day, Do Not Place an X on that Day and Do Not Give Up. Vow not to "Break the Chain" and Re-attempt the Next Day to Start Your Streak Again. Aim for Improvement Rather than Perfection and Total the # of Times You Successfully Did the Habit for the First Thirty Day Stretch and Your Best Streak.

Start Date of New Habits: _____

HABIT

#1: _____1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Total: _____ Best Streak: _____

#2: _____1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Total: _____ Best Streak: _____

#3: _____1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Total: _____ Best Streak: _____

RECOMMENDED MUST READ
FOR PEOPLE SERIOUS ABOUT IMPROVING THEIR HABITS
"Atomic Habits" by James Clear

SELF-LIMITING BELIEF WORKSHEET

Self-limiting beliefs are judgements you think to be true based on fear or doubt and they present themselves in your everyday self-talk.

They prevent you from getting out of your comfort zone, making good choices, taking chances, and/or achieving your goals.

Please Examine Carefully, The Following Steps in Overcoming Self-Limiting Beliefs

1st STEP: Identify Them. For the examples below, place an "X" next to each one that resonates with you.

- ___ **I'm:** I'm an idiot, I'm a mess, I'm not loveable!
- ___ **I'm Not:** I'm not important, I'm not ready yet, I'm not smart enough!
- ___ **I'm Too:** I'm too tired, I'm too big, I'm too shy!
- ___ **I Can't:** I can't do it, I can't change it, I can't trust myself!
- ___ **I Don't:** I don't have enough experience, I don't have enough time, I don't deserve nice things!
- ___ **I Don't Know:** I don't know what I want, I don't know how to do it, I don't know where to go!
- ___ **I Shouldn't:** I shouldn't speak up, I shouldn't volunteer, I shouldn't even try!
- ___ **I'll:** I'll embarrass myself, I'll disappoint someone, I'll be stuck here forever!
- ___ **I'll Always:** I'll always goof up, I'll always be broke, I'll always be sad!
- ___ **I'll Never:** I'll never get there, I'll never be successful, I'll never be happy!
- ___ **I'm Too:** I'm too old, I'm too young, I'm too fat!
- ___ **I Need To:** I need to lose weight first, I need to get motivated first, I need to have more money first!
- ___ **I've Tried And:** I've tried and it's no fun, I've tried and it's too hard, I've tried and wasted my time!
- ___ **It's Too:** It's too hard, It's too boring, It's too time consuming!
- ___ **It's Not:** It's not my fault, It's not worth it, It's not fun!
- ___ **The World Is:** The world is unfair, The world is scary, The world is dangerous!

If there are other words you say to yourself that are self-limiting beliefs, write them here: _____

2ND STEP: Decrease How Strongly You Hold it. This includes saying words to make the belief less extreme. E.g., "I'm worthless" becomes "I'm not doing as well as I'd like, and I could be doing better". It also includes examining the evidence from the here and now to see that the belief is not 100% accurate and saying words that **modify** the belief. E.g., "I'm not doing as well as I'd like; however, I have an Ok job even if it's not as good as I'd like."

3RD STEP: Build Up Support to a New Belief That's More Realistic and Functional. This includes starting with a level of belief that you can accept. You can't just jump from "I'm worthless" to "I'm fantastic". It must be gradual. E.g., Begin with "I do have value as a person". From there it could lead to a **desired belief** "I accept my limitations while acknowledging my strengths & achievements".

4TH STEP: Repeatedly Replace the Old Words You Said with the New Modified Words and Desired Words. The light bulb must go off when you're speaking your old beliefs and you must take the time to say the new **desired belief**.

5th STEP: Collect Evidence that Supports the New Belief. This includes paying attention to contradictory evidence you've been overlooking that will support your new belief E.g., "My friend at work informed me today how much he appreciates me!" Because establishment of a new belief is largely dependent upon repetition, you need to be keenly aware of identifying all the evidence you can as it presents itself in your day-to-day life.

6TH STEP: Change Your Behavior. This includes changing your rules and assumptions that stem from your old belief to new rules and assumptions that support your new belief. **Old Rule** E.g., "Because I'm worthless, I must not accept any compliments". **Old Assumption** E.g., "If I try to make a good impression, I'll humiliate myself". **New Rule** E.g., "Because I'm valued, I can say thank you". **New Assumption** E.g., "Because I'm careful, I can take small risks". With the new belief, new rule, and new assumption you can start changing your behavior.

Relating to the Wellbeing Category You Ranked #1 in Importance, Write Down the Following:

Your Biggest Self-Limiting Belief Is: _____

Write Down a New Belief: _____

Right Down a New Rule: _____

Write Down a New Assumption: _____

Please Click on The Following Link to Learn More About the Steps Mentioned Above and to Download Self-Limiting Belief Worksheets, and to Watch a 19-Minute Video Called "Changing Core Beliefs".

<https://positivepsychology.com/core-beliefs-worksheets>

RECOMMENDED MUST READ

FOR PEOPLE SERIOUS ABOUT OVERCOMING THEIR SELF-LIMITING BELIEFS

"The Unlimited Self" by Jonathan Heston