

Let's Set Priorities

This worksheet helps you reflect on what's affecting you the most so you and your therapist can focus on what matters.

1. Rate Each Area of Life

Mark how much each area is currently a concern (0 = Not at All, 3 = Severe):

Life Area	0	1	2	3
Mood / Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety / Worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep / Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress / Burnout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem / Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma / Past Experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships (Family, Partner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work / School / Career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Use / Cravings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial / Legal Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health / Chronic Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Choose 1–3 Priority Areas

Circle the 1–3 areas above that feel most important to work on right now.

1. _____
2. _____
3. _____

3. What Would 'Better' Look Like?

Use this space to describe what improvement would mean to you in each priority area.

- Area 1: _____

- Area 2: _____

- Area 3: _____

4. Barriers & Strengths

- What obstacles might you face?

- What personal strengths/supports could help?

5. Your First Step

What's one small, realistic step you could try in the next week?
