

Appendix D: Fillable PDF Worksheets

1. In-Session 1 Worksheet—**Areas to Improve**
2. In-Session 2 Worksheet—**Reasons for Wanting to Achieve My Goal**
3. Session 2 At-Home Worksheet—**Think About It. Assessing My Goal**
4. Session 3 At-Home Worksheet—**Focusing on My Goal**
5. In-Session 4 Worksheet—**Goal Ladder**
6. At-Home Worksheet—**Weekly Goal Guide** (applicable to multiple sessions)
7. Session 6 At-Home Worksheet—**Sharing My Goal with Someone in My Life**
8. Session 7 At-Home Worksheet—**Thought Record Log**
9. In-Session 8 Worksheet—**CBT Triangle**
10. In-Session 9 Worksheet—**Avoid Jumping to Conclusions**
11. In-Session 10 Worksheet—**5-Step Problem-Solving Method**
12. In-Session 10 Worksheet—**Step 1-3 of the 5-Step Problem-Solving Method**
13. Session 11 Worksheet—**Steps 4 & 5 of the 5-Step Problem-Solving Method**
14. Certificate of Completion
15. Booster At-Home Worksheet—**Week 1 Goal Guide**
16. Booster At-Home Worksheet—**Week 2 Goal Guide**
17. Booster At-Home Worksheet—**Week 3 Goal Guide**
18. Booster At-Home Worksheet—**Week 4 Goal Guide**

Name: _____

In-Session 1 Worksheet—Areas to Improve

Date: _____

Imagine what your ideal life would look like. What areas would you like to improve?
 Read the list below and below and number the three that are the most important to you
 in order of importance, 1, 2, 3.

Work	Apply for employment or do better at my job	
	Find a volunteer job	
Education	Have more structure in my days/attend groups or classes	
	Take lessons in something that interests me	
	Get a Diploma/Go back to school	
Health	Join a 12-step group	
	Go to a park to walk, relax, exercise/Become more fit.	
Hobby	Take lessons in something that interests me (computer, cooking, drawing)	
	Start a hobby in the community	
Independence	Get a car/bike/more independent transportation	
	Learn to budget money/Open a bank account	
Connections	Meet a significant other/Go on a date	
	Make a friend/Talk and socialize more	
	Visit a family member/Reconnect with family/friend	
	Help take care of a family member	
Other		

In-Session 2 Worksheet—Reasons for Wanting to Achieve My Goal Name: _____
 Date: _____

My goal: _____

Checkmark all that apply to your goal.

	I would have more money for things
	I would feel better about myself
	I would be healthier
	I might be a better parent/friend/neighbor
	I would get more done
	I could buy the things I want
	I would look better
	I might live longer
	I would feel less stressed
	I would have more independence
	I would be less lonely
	I would have more self-esteem
	I could get around town independently
	My body would be healthier
	I would get along better with my family
	My physical appearance would be improved
	My family and friends would have a more positive view of me
	I would be less likely to get in trouble with the law
	I could save up money to buy something I really want
	I would benefit from having more structure in my days
	I would feel a sense of purpose
	I wouldn't feel bad or sick from hangovers
	I would start to have meaningful relationships
	I would feel that I would be able to help my community
	I could learn about topics that interest me
	I would live a life that is less risky
	I would feel like I am living my life according to my values
Other	

Session 2 At-Home Worksheet— Think About It. Assessing My Goal

Name: _____

Date: _____

The area of my life I would like to improve: (Check one)

Work Education Health Hobby Independence
Connections Other

The first specific goal I want to work on is:

How long have you been thinking about this goal? (Check one)

Days Weeks Months Years

Have you tried to reach this goal before? Yes No If yes, what happened?

Who, in your life, will support this goal?

Who, in your life, will NOT support this goal?

How can your family and friends help? (Be specific)

How can your family and friends hurt your progress? (Be specific)

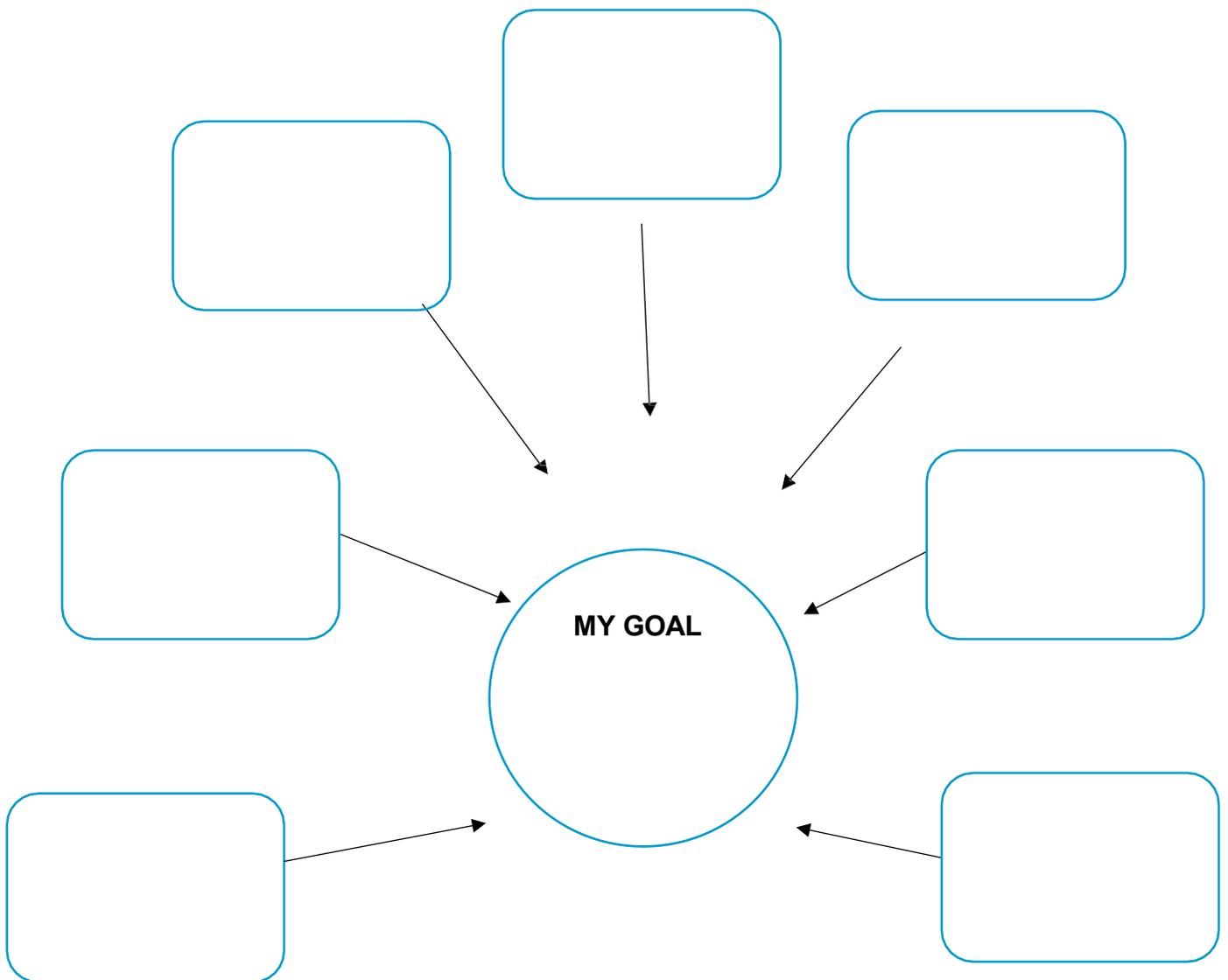
What (if any) are the resources that can help you reach this goal?

Session 3 At-Home Worksheet— Focusing on My Goal

Name: _____

Date: _____

Write your 3-month goal in the center. Add the small steps you might take toward reaching your goal in each of the boxes branching out from your goal. You can make the diagram as detailed as you want. We will discuss the steps in more detail during our next session; however, think about what might be a good starting point.





What steps can you take to reach your 3-month goal this year?



3-MONTH GOAL:

Step 8:

Step 7:

Step 6:

Step 5:

Step 4:

Step 3:

Step 2:

Step 1:



START HERE

At-Home Worksheet—Weekly Goal Guide

Name: _____

Date: _____

Three-month goal: _____

Create your small steps for this week (one to two goals):

Step 1. _____ **Step 2.** _____



1. Work to complete all your TO-DO's during the week.
2. Write in the OUTCOME boxes whether you completed them.
3. Describe any obstacles that came up.

	MON	TUE	WED	THU	FRI	SAT	SUN
TO-DO's							
OUTCOME (What happened)							

Session 6 At-Home Worksheet—

Name: _____

Sharing My Goal with Someone in My Life

Date: _____

Checkmark the person that you will talk to about your goal:

Psychiatrist

Therapist

Other doctor

Family member

Friend

Neighbor

Case worker

Other:

Before you talk to the person, answer the following questions:

The specific goal I will talk about is:

What is the goal for 3 months from now?

What are the specific steps I need to take to reach the goal:

How long have you been thinking about this goal? (Check one)

Days

Weeks

Months

Years

Have you tried to reach this goal before? Yes

No

If yes, what happened?

Sharing My Goal with Someone in My Life, continued.

What ways can the person help you reach the goal (be specific)?

When will you talk about your goal (be specific with a day and time):

After you talk to the person, answer the following questions:

What did your support person say when you told them your goal?

Do you feel more motivated or less motivated towards your goal after sharing it? (Check one) More Less

Do you think your doctor/family member will be helpful or hurtful in your progress toward your goal? (Check one) Helpful Hurtful

How?

**Session 7 At-Home Worksheet—
Thought Record Log**

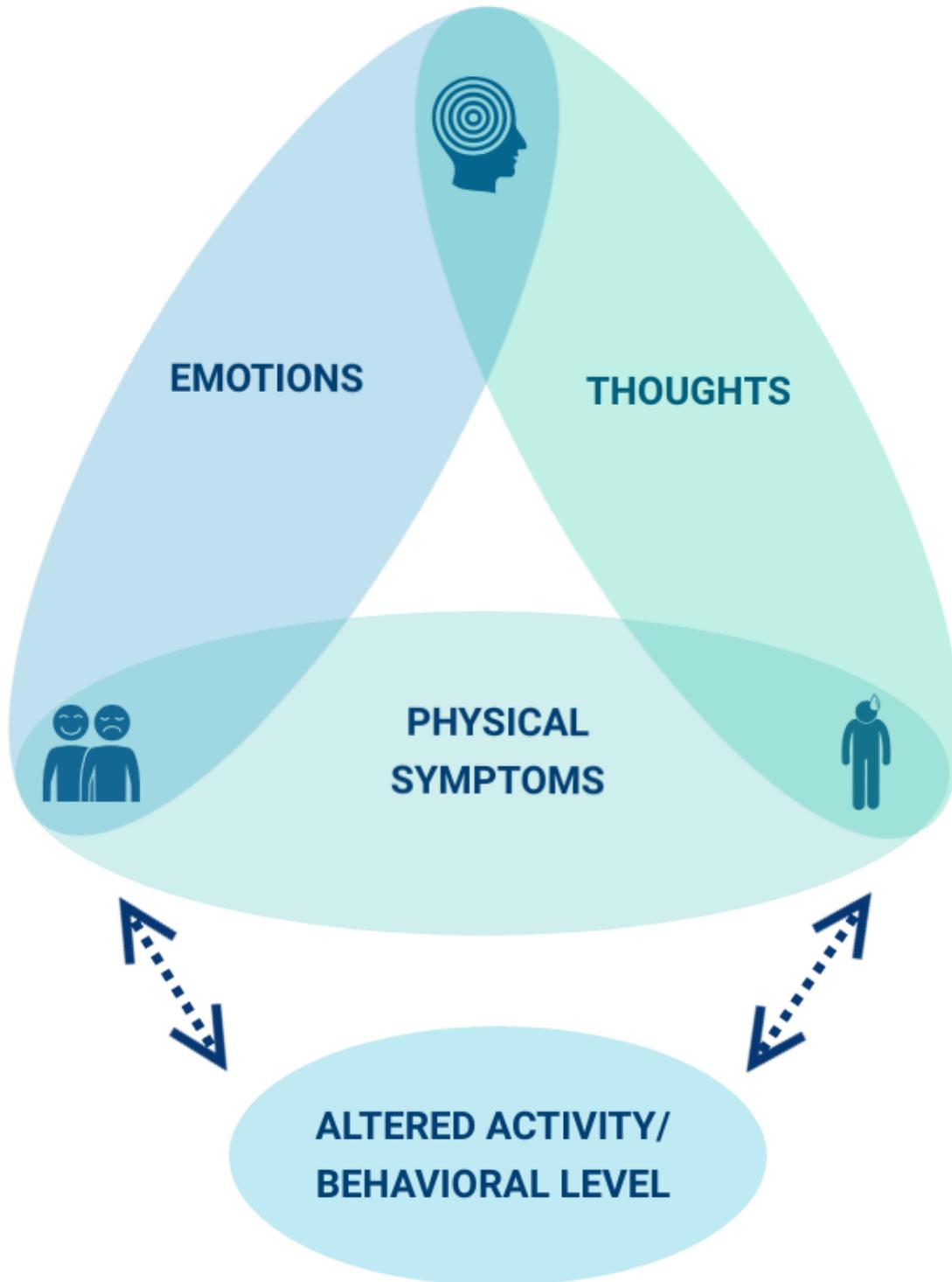
Name: _____

Date: _____

Situation	Thoughts	Body Sensations	Emotions
<i>Who's involved? What day? Where? When?</i>	<i>What's going through your mind (thoughts and images)?</i>	<i>What feelings did you experience in your body?</i>	<i>What emotions came up?</i>

In-Session 8 Worksheet—CBT Triangle

SITUATION: _____



In-Session 9—Worksheet
Avoid Jumping to Conclusions

Name: _____

Date: _____

Disappointing or Distressing Situation	Your Usual Explanation When you Jump to a Conclusion	One Alternative Explanation	Another Alternative Explanation
Example: <i>My partner is short with me.</i>	Example: <i>I'm irritating him.</i>	Example: <i>He had a hard day at work.</i>	Example: <i>He got stuck in traffic.</i>



In-Session 10 Worksheet— 5-Step Problem Solving Method

Name: _____

Date: _____

1 Identify the problem. Be specific.

Watch ★ Listen ★ Remember details ★ Ask the “W” questions

Who was Involved?

What happened?

Where did it happen?

2 Describe the problem. Remember the equation: *Problem = Goal + Obstacle*

Problem	Goal “I want…”	Obstacle “but…”

3 Think of ideas for solutions.

Brainstorm four or five ideas of things you can do to reach your goal or get rid of the obstacle.

1.

2.

3.

4.

5.

Weigh the pros and cons; choose the best solution for you. I choose idea #

4 Evaluate ideas by thinking of advantages and disadvantages of each.

IDEA	Advantages (+) Pros?	Disadvantages (-) Cons?

)!GHd'DfcV'Ya 'Gc`j]b['A Yh cX'Wtbi]bi YX"

5 Ú` ó@Á^æå ç Á&ç } È•â * Áç]|[]|æ^Á^àçç) áÁ[] Èç^àçç\ ç|È

Fc`Yd`UmÁ[~|Á&ç•^} Á[|ç] Á^ç|!^Á~ çç * Áç ç Á&ç } È
Ü^ç ^ç à^!K[æ^ç ^ää{ Áç|{ ^D|Ô|æÁ] ^æç * LÁ[•ç!^LÁ
Ò^Á&ç } ççÁ



D`Ub` , @} Áç áÁ @!^Á[~ Á ç|Á~ ó[~|Á^æå ç Á&ç } KÁ

Öæ KÁ

Vä ^KÁ

Ú|æ^KÁ



9j Ui Uh.ÖæÁ [ç^Á[~|Á| à^ç ÑÁ

ÿ^•Á

Á

Á[Á





Session 10 At-Home Worksheet— Steps 1-3 of the 5-Step Problem-Solving Method

Name: _____

Date: _____

1 Identify the problem. Be specific.

Watch  Listen  Remember details  Ask the “W” questions

Who was Involved?

What happened?

Where did it happen?

2 Describe the problem. Remember the equation: *Problem = Goal + Obstacle*

Problem	Goal “I want...”	Obstacle “but...”

3 Think of ideas for solutions.

Brainstorm four or five ideas of things you can do to reach your goal or get rid of the obstacle.

1.
2.
3.
4.
5.



In-Session 11 Worksheet— 5-Step Problem Solving Method

Name: _____

Date: _____

1 Identify the problem. Be specific.

Watch ★ Listen ★ Remember details ★ Ask the “W” questions

Who was Involved?

What happened?

Where did it happen?

2 Describe the problem. Remember the equation: *Problem = Goal + Obstacle*

Problem	Goal “I want...”	Obstacle “but...”

3 Think of ideas for solutions.

Brainstorm four or five ideas of things you can do to reach your goal or get rid of the obstacle.

1.

2.

3.

4.

5.

Weigh the pros and cons; choose the best solution for you. I choose idea #

4 Evaluate ideas by thinking of advantages and disadvantages of each.

IDEA	Advantages (+)	Disadvantages (-)
	Pros?	Cons?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5-Step Problem Solving Method continued.

- 5** Put the idea into action, using appropriate verbal and non-verbal skills.

Roleplay your chosen solution before putting it into action.

Remember: Voice (medium volume); Clear speaking; Posture;
Eye contact



Plan when and where you will put your idea into action:

Day:

Time:

Place:



Evaluate: Did it solve your problem?

Yes

No



***Increasing Members' Planned Action
for Community Thriving (IMPACT)***

Presented To

Certificate of Completion

for Successful Completion of the **Motivational Interviewing —Cognitive Behavioral
Therapy Program**

MI-CBT Motivational Interviewing
Cognitive Behavioral Therapy

Booster At-Home Worksheet—Week 1 Goal Guide

Name: _____

Date: _____

Three-month goal: _____

Create your small steps for this week (one to two goals):



1. Work to complete all your TO-DO's during the week.
2. Write in the OUTCOME boxes whether you completed them.
3. Describe any obstacles that came up.

Step 1.

Step 2.

	MON	TUE	WED	THU	FRI	SAT	SUN
TO-DO's							
OUTCOME (What happened)							

At-Home Worksheet 2—Weekly Goal Guide

Name: _____

Date: _____

Three-month goal: _____

Create your small steps for this week (one to two goals):

Step 1.

Step 2.



1. Work to complete all your TO-DO's during the week.
2. Write in the OUTCOME boxes whether you completed them.
3. Describe any obstacles that came up.

	MON	TUE	WED	THU	FRI	SAT	SUN
TO-DO's							
OUTCOME (What happened)							

At-Home Worksheet 3—Weekly Goal Guide

Name: _____

Date: _____

Three-month goal: _____

Create your small steps for this week (one to two goals):



1. Work to complete all your TO-DO's during the week.
2. Write in the OUTCOME boxes whether you completed them.
3. Describe any obstacles that came up.

Step 1.

Step 2.

	MON	TUE	WED	THU	FRI	SAT	SUN
TO-DO's							
OUTCOME (What happened)							

At-Home Worksheet 4—Weekly Goal Guide

Name: _____

Date: _____

Three-month goal: _____

Create your small steps for this week (one to two goals):



1. Work to complete all your TO-DO's during the week.
2. Write in the OUTCOME boxes whether you completed them.
3. Describe any obstacles that came up.

Step 1.

Step 2.

	MON	TUE	WED	THU	FRI	SAT	SUN
TO-DO's							
OUTCOME (What happened)							