# Surviving to Thriving

Setting & Achieving Your Goals





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#### Reflecting

1. Circle the level of impact each of these common barriers is having on your success. (1: very little or no impact, 5: significant impact.)

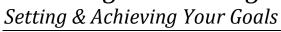
| Barrier         | Impact on Your Success |
|-----------------|------------------------|
| Autopilot       | 1 2 3 4 5              |
| Mindset         | 1 2 3 4 5              |
| Junk food       | 1 2 3 4 5              |
| Procrastination | 1 2 3 4 5              |
| Fear            | 1 2 3 4 5              |

| 2. | What is keeping you from success? |
|----|-----------------------------------|
|    |                                   |
|    |                                   |
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| 3. | What do you need to do to thrive? |
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|    |                                   |
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### Surviving to Thriving





### **Clarifying your vision**

| 1. | What do you want to release from 2019?        |
|----|-----------------------------------------------|
|    |                                               |
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|    |                                               |
| 2. | What do you want the future to bring to you?  |
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| 3. | Where do you want to be on December 31, 2020? |
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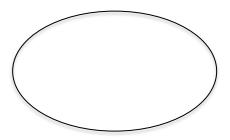


| 4. | <b>WHY</b> do you want this?                                                                         |
|----|------------------------------------------------------------------------------------------------------|
|    |                                                                                                      |
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|    |                                                                                                      |
| 5. | What are your goals for 2020?                                                                        |
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|    |                                                                                                      |
|    |                                                                                                      |
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|    |                                                                                                      |
| 6. | Write your #1 goal for 2020 as a S.M.A.R.T. (Specific, Measurable, Attainable, and Time Bound) GOAL. |
|    |                                                                                                      |
|    |                                                                                                      |
|    |                                                                                                      |

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#### **CREATING YOUR ACTION PLAN**





1. What actions you will take to achieve your goal over the next 12 weeks?

| Key Actions / Tactics                                                  | Week Due |
|------------------------------------------------------------------------|----------|
|                                                                        |          |
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|                                                                        |          |
| How will you <b>MEASURE</b> your progress towards achieving your goal? |          |
|                                                                        |          |
|                                                                        |          |

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2.



#### 3. What **HABITS** do you need to change?

| What habits do you currently have that will help you to achieve this goal? | What habits do you currently have that might prevent you from reaching this goal? | What new habits do you need to acquire to achieve this goal? |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------|
| •                                                                          | •                                                                                 | •                                                            |
| •                                                                          | •                                                                                 | •                                                            |
| •                                                                          | •                                                                                 | •                                                            |
| •                                                                          | •                                                                                 | •                                                            |
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| •                                                                          | •                                                                                 | •                                                            |
| •                                                                          | •                                                                                 | •                                                            |

### 4. What are the **TOP THREE** modifications you **will implement in your daily/weekly routine**?

| HABIT | HOW YOU WILL IMPLEMENT IT INTO YOUR ROUTINE |
|-------|---------------------------------------------|
|       |                                             |
|       |                                             |
|       |                                             |
|       |                                             |
|       |                                             |



5. What obstacles do you think will come up and what will you do about them?

| OBSTACLE | ACTIONS YOU WILL TAKE |
|----------|-----------------------|
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| 6. | nat actions will you take in <b>the next 24 hours</b> to move from surviving to thriving? |  |  |
|----|-------------------------------------------------------------------------------------------|--|--|
|    |                                                                                           |  |  |
|    |                                                                                           |  |  |
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|    |                                                                                           |  |  |

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**Need/want more help setting and achieving your goals?** Contact Debra Austin at 972-881-5564 or daustin@Chaos2Results.com to schedule your **free 30-minute consultation**.

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