# Motivational Worksheet

## PATIENT PROFILE

Full Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Occupation: _____

Contact Information: _____

What are your main goals at this moment?

Which of these goals is most important to you right now?

Are your goals Specific, Measurable, Attainable, Relevant, Time-bound?

What is motivating you to achieve these goals?

What obstacles do you foresee in achieving these goals?

What are some potential solutions to these obstacles?

What steps have you already taken towards your goals?

What will be your next steps?

Who or what can provide support or assistance in reaching your goals?

What strategies are you currently using to work towards your goals?

On a scale of 1-10, how effective do you find the current strategies?

1 2 3 4 5 6 7 8 9 10

Do you plan to modify or change any strategies? If yes, what and why?

How committed are you to achieving these goals?

1 2 3 4 5 6 7 8 9 10

How confident are you in your ability to achieve these goals?

1 2 3 4 5 6 7 8 9 10

How ready are you to make changes needed to achieve these goals?

1 2 3 4 5 6 7 8 9 10

How do you visualize success in your goal achievement?

Any observations, insights, or recommendations from the counselor.