Personal Values List

Name: _____ Age: _____

Date: _____ dd / mm / yyyy

This list helps patients in identifying and understanding their core personal values. This exercise can aid in self-discovery, goal setting, and aligning life choices with personal principles.

List down values that resonate with you:

Rate the importance of each value (1-10, where 10 is most important):

Describe why each value is important to you:

How do these values manifest in your daily life?

Are there values you wish to incorporate more into your life?

List your current life goals:

How do your values align with these goals?

Action steps to align your daily life more closely with your values:

Reflect on how living according to your values impacts your well-being:

Plan for incorporating values in future decision-making:

Observations and recommendations

Name of Life Coach and Signature:

Name of Practice: _____