Personal Values Worksheet

Your full name: _____ **Date submitted:** _____ dd / mm / yyyy

Your therapist's full name: _____

Acceptance, Compassion, Friendship, Intimacy, Power, Achievement, Courtesy, Fun, Justice, Purpose, Adventure, Creativity, Generosity, Knowledge, Responsibility, Authority, Dependability, Genuineness, Leisure, Safety, Autonomy, Duty, Growth, Logic, Self-acceptance, Beauty, Faith, Health, Love, Self-control, Caring, Fame, Helpfulness, Mastery, Sexuality, Cautious, Family, Honesty, Moderation, Spirituality, Comfort, Flexibility, Humility, Order, Stability, Commitment, Forgiveness, Independence, Pleasure, Tolerance

If there are any values not included in this list that you feel should be included, write at least five below:

Among these values, which are the ten most important to you? List them down below.

Among the ten that you listed, which five are the most important? (OPTIONAL)

Think of the factors that have caused you psychological distress and the negative thoughts and behavioral patterns that emerged as a response to those causes. Do you think how you responded to those causes and how you are now are aligned with your most important values (whether the top ten or top five)? If so, why do you think that way? How are your thoughts, feelings, behaviors, and actions not aligned with your values?

What could you have responded differently based on your values in response to the causes of your psychological distress?

What do you want to do moving forward based on your values? This part is OPTIONAL but if you want to answer it, write down your goals, plans, and actionable steps you'll take that will lead you to a healthier life both physically and mentally. These can include lifestyle changes, participating in activities you love, healthier coping mechanisms, etc. You can even save this for your next therapy session so your therapist can assist you.