Values Exploration Worksheet

PATIENT INFORMATION

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

Gender: _____ Contact Information: _____

Preferred Pronouns: _____

MEDICAL HISTORY

Current Medications:

Previous Psychological Consultations (if any):

Known Allergies:

Previous Diagnoses (if any):

Current Symptoms/Concerns:

QUESTIONS

List five values you believe are essential in life.

Describe a moment when you felt most proud of yourself. What values were you upholding?

Recall an instance where you faced a moral dilemma. What values were in conflict?

On a scale of 1 to 10, how aligned do you feel your current lifestyle is with your core values?

1 2 3 4 5 6 7 8 9 10

What values do you wish to embody more in your daily life?

Are there any values you feel you have been neglecting or overlooking?

Describe someone you admire. What values do you believe they uphold?

When faced with tough decisions, which values often guide your choices?

What values did your caregivers instill in you growing up?

How have your values changed over time, and why?