Obstacle Behaviors Assessment

Complete the assessment below by identifying which obstacle behaviors you want to work on. and answer the following journal prompts. You may add any obstacle behaviors at the bottom that are not already listed in the assessment. Please note that positive intention defines what you were getting from the behavior. Example: smoking cigarettes - stress relief

#	Obstacle Behavior	Yes/ No	Desire To Work On This?	Notes	Positive Intention
1	Drug / Alcohol Use				
2	Procrastination				
3	Isolation				
4	Poor Diet / Exercise				
5	Negative Self Talk				
6	Avoidance				
7	Anger				
8	Gambling				
9	Disorganization / Forgetfulness				
10	Self Harm				
11	Impulsivity / Recklessness				

#	Obstacle Behavior	Yes/ No	Desire To Work On This?	Notes	Positive Intention
12	Complaining All The Time				
13	Indecision				
14	Poor Communication				
15	Not Standing Up For Yourself				
16	Lack of Ability to Manage Stress				
17	Not Following Through				
18	Too Much Social Media / Tech				
19	Overcontrolling				
20	Poor Time Management Skills				
21	Not Taking Care of Yourself				
22	Defensiveness				
23	Lack of Self Control				
24	Disordered Eating				
25	Anything else?				

Post-Assessment Questionnaire

REFLECTION: What is your life going to look like in 5 years if you continue the self-destructive / obstacle behaviors you identified in the assessment? What is the cost of not changing?

VALUES IDENTIFICATION: What values can you tap into in order to break free from your self-destructive patterns? For each obstacle behavior, identify the opposite value. Example: Poor Diet - Health & Nutrition; Impulsivity - Self-Control

VALUES APPLICATION: What could you have done differently during your past experiences with your obstacle behaviors? What will you do differently in the future?

EMPOWERMENT: What is your life going to look like in 5 years when you break free from your obstacle behaviors?