Values Exploration Worksheet

Patient Information

| Full Name: | |
|----------------------|--|
| Date of Birth: | |
| Gender: | |
| Contact Information: | |
| Preferred Pronouns: | |

Medical History

| Current Medications: | |
|--|--|
| Previous Psychological Consultations (if any): | |
| Known Allergies: | |
| Previous Diagnoses (if any): | |
| Current Symptoms/Concerns: | |

Questions

- 1. List five values you believe are essential in life.
- 2. Describe a moment when you felt most proud of yourself. What values were you upholding?

- 3. Recall an instance where you faced a moral dilemma. What values were in conflict?
- 4. On a scale of 1 to 10, how aligned do you feel your current lifestyle is with your core values?
- 5. What values do you wish to embody more in your daily life?
- 6. Are there any values you feel you have been neglecting or overlooking?
- 7. Describe someone you admire. What values do you believe they uphold?
- 8. When faced with tough decisions, which values often guide your choices?
- 9. What values did your caregivers instill in you growing up?
- 10. How have your values changed over time, and why?