Your Values Circle ACT Worksheet

Name:		Age:	Gender:	
Part I:				
Please indicate your response v	vith a "Yes" or "No" in the provid	ed space f	or each question.	
Work/Education				
Is it necessary to me to be successful in my career?				
Do I value learning and growth?				
Is it necessary for me to make a difference in the world through my work?				
• Leisure				
Do I value spending time with my family and friends?				
Is it important to me to relax and de-stress?				
Do I value trying new things and having new experiences?				
 Relationships 				
Is it important to me to have close and meaningful relationships?				
Do I value honesty and trust in my relationships?				
Is it important to me to be supportive and understanding of others?				
 Personal Growth/Health 				
Do I value taking care of my physical and mental health?				
Is it important to me to be my authentic self?				
Do I value setting and achieving goals?				
Part II:				
Take some time to reflect on your values and beliefs. Choose the values that resonate most with you from the list below or add your own.				
☐ Integrity	☐ Adventure	☐ Auth	enticity	
☐ Compassion	☐ Respect	☐ Know	vledge	
☐ Growth	☐ Love	☐ Bala	nce	
☐ Family	☐ Creativity	☐ Succ	cess	
☐ Health	Community	☐ Free	dom	

Additional Values:

Choose two values you've checked or added in Part II. For each value, write down one or two actions you can take in your daily life to align with that value.
Value:
Actions:
Value:
Actions:
Part IV: Take a moment to reflect on the values you've identified and the actions you've listed. Write a brief reflection on how aligning your actions with these values can positively impact your life and well-being. Finally, commit to incorporating these actions into your daily routine. Reflection:
Commitment:

Part III: