Quiz: Reaching Your Goals

Name (first name only): ____________________________ Date: ____________________________

1. Which of the following is an example of a memory aid?
   a. a relaxation exercise
   b. a grocery list
   c. your client workbook
   d. all of the above

2. When you schedule an activity that will help you accomplish an important goal, you should:
   a. write it on your "To Do" list
   b. set a realistic deadline
   c. block out time on your calendar
   d. all of the above

3. Establishing priorities means listing goals in order of importance.
   a. True  b. False

4. When you have several large goals to achieve, you should do the following:
   a. combine all your goals
   b. keep your goals a secret from others in your life
   c. motivate yourself by setting deadlines that are difficult to meet
   d. break down each large goal into small, manageable tasks

5. If you can’t get started on an activity, you should do the following:
   a. aim for perfection
   b. always start at the beginning
   c. relax and visualize yourself engaging in the activity
   d. decide not to stop until you have completely finished

Score ____________
Instructions: In answering the question below, write down whatever comes to your mind, as quickly as possible; don’t be afraid to list things that may seem far-fetched. List everything that you think you would really like to have done with your life.

What were your lifetime goals prior to using drugs?

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. ____________________________________________
Prioritizing Lifetime Goals

Instructions: Select your three most important goals and write them in order of importance below, with No. 1 being the most important of the three (a sample No. 1 has been completed for you).

**Sample Goal**  
*Living a healthy lifestyle*

List activities necessary to accomplish this goal:

*Examples:*
- Stay in HHRP treatment program
- Eat healthy foods
- Remain abstinent
- Take vitamins
- Drug-free leisure activities
- Always use condoms/latex
- Keep doctor appointments
- Do relaxation techniques
- Exercise
- Think positively
- Other

Activity I can do during the next week towards my goal:

*Stay in HHRP treatment program*  
(Write on To-Do List)

My three most important lifetime goals are:

**Write Goal No. 1 here**

List activities necessary to accomplish this goal:

*Activity I can do during the next week towards my goal:*  
(Write on To-Do List)

**Write Goal No. 2 here**

List activities necessary to accomplish this goal:

*Activity I can do during the next week towards my goal:*  
(Write on To-Do List)

**Write Goal No. 3 here**

List activities necessary to accomplish this goal:

*Activity I can do during the next week towards my goal:*  
(Write on To-Do List)
Reaching Your Goals

Action Initiation

Schedule the Activity

• Put the activity on your to-do list.
• Set a realistic deadline for completing the activity.
• Block out time.

Getting Started

• Leave yourself reminders.
• Use self-affirmations such as “I can do it.”
• Tell someone so that they can encourage you.
• Set a time limit (e.g., contract with yourself to engage in activity for just 5 mins.)
• Relax/visualize yourself engaging in activity.
• Pretend you are an actor: Act “as if” you are someone who engages in this activity.
• Start anywhere, not necessarily only at the beginning.
• Don’t expect perfection.

Engage in the Activity

• Cross it off your to-do list.
• Congratulate yourself.
• Remind yourself that because of your effort and commitment you are now one step closer to your goal.
# Step-by-Step Planning Worksheet

**Goal:**

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## To Do List

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Date</th>
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<tbody>
<tr>
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## Block out time

- **Work on Step 1:** ____________ from __:__ to __:__ on ________
- **Work on Step 2:** ____________ from __:__ to __:__ on ________
- **Work on Step 3:** ____________ from __:__ to __:__ on ________
- **Work on Step 4:** ____________ from __:__ to __:__ on ________
- **Work on Step 5:** ____________ from __:__ to __:__ on ________
- **Work on Step 6:** ____________ from __:__ to __:__ on ________
# Sensory Modality Memory Demonstration

- **Name (first name only):** ____________  **Date:** ____________

**Instructions:** In the space below, write down the items that were presented to you visually and verbally at the beginning of the group.

<table>
<thead>
<tr>
<th>Presented Visually</th>
<th>Presented Verbally</th>
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<tbody>
<tr>
<td>1. __________________________</td>
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**Visual Memory Score:** ________ correct out of 9

**Verbal Memory Score:** ________ correct out of 9

In which sensory modality did you remember best?  **visual** or **verbal**
<table>
<thead>
<tr>
<th>Clean needles with bleach</th>
<th>Clean needles with bleach</th>
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</thead>
<tbody>
<tr>
<td>Always use condoms</td>
<td>Always use condoms</td>
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<tr>
<td>Keep doctor's appointments</td>
<td>Keep doctor's appointments</td>
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<tr>
<td>Eat fresh vegetables</td>
<td>Eat fresh vegetables</td>
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<tr>
<td>Take medications as prescribed</td>
<td>Take medications as prescribed</td>
</tr>
</tbody>
</table>
Take vitamins

Exercise regularly

Use needle exchange van

Do drug free leisure activities

Check your TO-DO list
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