

Letting Go

In the left column, write down the ten elements, behaviors, or 'things' that are not best for the rest of your life. You may include elements that you have already let go of/not have, as well as elements that you want to let go of/not have. In the right column, write down the ten elements, behaviors, or 'things' that you want have/do, or continue to have/do for the rest of your life.

-	0	+	TO LET GO OF, NOT DO
			1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
			9.
			10.

-	0	+	TO DO OR HAVE
			1.
			2.
			3.
			4.
			5.
			6.
			7.
			8.
			9.
			10.

Scoring

Check the box below the “-” if you have not made much progress with that item.
 Check the box below the “0” if you are definitely making progress with that item.
 Check the box below the “+” if that item has been true for at least 90 days.



Form courtesy of and copyrighted by Thomas Leonard, Thomas@thomasleonard.com, www.thomasleonard.com | FB462