

Your Values Circle ACT Worksheet

Name:

Age:

Gender:

Part I:

Please indicate your response with a "Yes" or "No" in the provided space for 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	☐ Authenticity
☐ Compassion	☐ Respect	☐ Knowledge
☐ Growth	☐ Love	☐ Balance
☐ Family	☐ Creativity	☐ Success
☐ Health	☐ Community	☐ Freedom

Additional Values: _____

Part III:

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: