

Name:

A Story That Serves

What I
Tell Myself

Name: _____

A Story That Serves

What I've Told Myself	What I Believe & Now Tell Myself	How Often/Action Taken
Positive		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____
Neutral		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____
Negative		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____