



-	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.

**Worksheet Instructions:**

In the left column, write down the 10 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 10 elements, behaviors or 'things' that you want have/do, or continue to have/do for the rest of your life.

**Scoring**

Check the box below the "-" if you haven't made much progress with that item. Check the box below the "0" if you are definitely making progress with that item. And check the box below the "+" if that item has been true for at least 90 days.