

# Life on Purpose *Devaney Rae*



LIVE YOUR PURPOSE

## *Life Change Training*

Get From Where You are Now to  
Where You Want to Be!

### FIRST STEPS TO CHANGE WORKSHEET

Are you ready to move from WHERE YOU ARE NOW TO WHERE YOU WANT TO BE?

These core areas of life are a few of the first and most important foundations to consider when creating a Life Change plan. Keep your responses brief. This is simply the First Step.

So, let's begin here:

#### RELATIONSHIPS

**What response would these people have to you making Life Changes? (Supportive, Not Supportive, Not Sure)**

Spouse or Significant Person	
Children (Make notes for each child, adult or minor)	
Parents (Guardian if minor)	
Siblings	
2-3 Closest Friends	
Others (Make notes for other categories of close relationship to you)	

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NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these relationships? Make a few notes about it on the back of the first page.

## FINANCES

<p>Does your current financial reality contribute to keeping you "stuck" where you are? This could be income, debt, and other realities. (Briefly explain)</p>	<p>Income:</p> <p>Debt:</p> <p>Other:</p>
<p>Does your current income fulfil your monthly obligations plus allow for some "fun money"?</p>	
<p>Is your current monthly income derived from you giving "x" number of hours for "x" amount of pay?</p>	
<p>Does your current income allow for extra income for more hours worked/ extra workload completed?</p>	
<p>Do you have a second stream of income established?</p>	
<p>What is your main financial challenge monthly?</p>	

NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these financial factors? Make a few notes about it on the back of this page.

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## AVAILABILITY

Do you have extra time most days to do at least one or two activities you enjoy or need to do outside of "work"?	
Do you get enough sleep most nights?	
Are you the primary caretaker/ caregiver of others?	
Do you have others you can call upon to help you with caring for others, if this applies?	
Do you have at least 2 days off of your primary job each 7 days (most of the time)?	

NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these availability factors? Make a few notes about it below and on the back of this page if more space is needed.

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## SKILLS & INTERESTS

Are you confident in the life skills and workplace skills you currently have? If not, what areas do you feel you need to learn and grow in?	
What workplace skills are you able to teach others?	
List 3 areas of interest you have in life or work? It can be anything.	
In the last 12 months, have you explored new interests that are not included in your daily life routine?	
When and where was you last vacation or time away from your daily routine?	
List 3 interests you have that you would need to learn how to do to be able to engage in that activity.	

NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these skills and interest factors? Make a few notes about it below and on the back of this page if more space is needed.

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## OTHER CONSIDERATIONS

Is there anything else that keeps you stuck in where you are now?	
Do you know where you want to be (if you want to move forward from where you are now in any way)? If so, please describe briefly.	
Are you content and fulfilled in where you are now? If so, list 3 reasons why you are satisfied.	

NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these skills and interests factors? Make a few notes about it below and on the back of this page if more space is needed.

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## FEAR/ HESITATION/ CONCERN

Do you feel fearful of making the Life Change you know you need to make? If so, what is the fear about?	
What causes you to hesitate in making the Life Change you know you need to make?	
Do you have specific concerns (not necessarily fear) that hold you back from taking that first step into Life Change? If so, what are the top 3 concerns that always come to mind and stop you in your tracks?	

NOTES: Was there anything specific you were thinking about that would be a hindrance to you making Life Changes while you were thinking about any of these fears, hesitations, or concern factors? Make a few notes about it below and on the back of this page if more space is needed.

### Connect with Life On Purpose, Devaney Rae for YOUR Next Step Worksheet

Email: [purpose@devaneyrae.com](mailto:purpose@devaneyrae.com)

Email about Scheduling YOUR 30-Minute Complimentary Chat

LinkedIn: <https://www.linkedin.com/in/devaneyrae/>

Instagram: <https://www.instagram.com/lifeonpurposedevaneyrae/>

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