

Quiz: Reaching Your Goals



Name (first name only): _____ Date: _____

- 1. Which of the following is an example of a memory aid?**
 - a. a relaxation exercise
 - b. a grocery list
 - c. your client workbook
 - d. all of the above

- 2. When you schedule an activity that will help you accomplish an important goal, you should:**
 - a. write it on your "To-Do" list
 - b. set a realistic deadline
 - c. block out time on your calendar
 - d. all of the above

- 3. Establishing priorities means listing goals in order of importance.**
 - a. True
 - b. False

- 4. When you have several large goals to achieve, you should do the following:**
 - a. combine all your goals
 - b. keep your goals a secret from others in your life
 - c. motivate yourself by setting deadlines that are difficult to meet
 - d. break down each large goal into small, manageable tasks

- 5. If you can't get started on an activity, you should do the following:**
 - a. aim for perfection
 - b. always start at the beginning
 - c. relax and visualize yourself engaging in the activity
 - d. decide not to stop until you have completely finished

Lifetime Goals Exercise



Instructions: In answering the question below, write down whatever comes to your mind, as quickly as possible; don't be afraid to list things that may seem far-fetched. List everything that you think you would really like to have done with your life.

What were your lifetime goals prior to using drugs and testing positive for HIV?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Prioritizing Lifetime Goals



Instructions: Select your three most important goals and write them in order of importance below, with No. 1 being the most important of the three (a sample No. 1 has been completed for you).

Sample Goal Living a healthy lifestyle

List activities necessary to accomplish this goal:

Examples:

- | | |
|---------------------------------|--------------------------|
| Take prescribed medications | Always use condoms/latex |
| Stay in HHRP+ treatment program | Keep doctor appointments |
| Eat healthy foods | Do relaxation techniques |
| Remain abstinent | Exercise |
| Take vitamins | Think positively |
| Drug-free leisure activities | Other _____ |

Activity I can do during the next week towards my goal:

Stay in HHRP+ treatment program (Write on To-Do List)

My three most important lifetime goals are:

Write Goal No. 1 here _____

List activities necessary to accomplish this goal:

Activity I can do during the next week towards my goal:

_____ (Write on To-Do List)

Write Goal No. 2 here _____

List activities necessary to accomplish this goal:

Activity I can do during the next week towards my goal:

_____ (Write on To-Do List)

Write Goal No. 3 here _____

List activities necessary to accomplish this goal:

Activity I can do during the next week towards my goal:

_____ (Write on To-Do List)

Action Initiation



Schedule the Activity

- Put the activity on your to-do list.
- Set a realistic deadline for completing the activity.
- Block out time.

Getting Started

- Leave yourself reminders.
- Use self-affirmations such as “I can do it.”
- Tell someone so that they can encourage you.
- Set a time limit (e.g., contract with yourself to engage in activity for just 5 mins.)
- Relax/visualize yourself engaging in activity.
- Pretend you are an actor: Act “as if” you are someone who engages in this activity.
- Start anywhere, not necessarily only at the beginning.
- Don’t expect perfection.

Engage in the Activity

- Cross it off your to-do list.
- Congratulate yourself.
- Remind yourself that because of your effort and commitment you are now one step closer to your goal.

Step-by-Step Planning Worksheet



Goal: _____

To-Do List	Date
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Block out time

Work on Step 1: _____ from ____:____ to ____:____ on _____
(time) (time) (date)

Work on Step 2: _____ from ____:____ to ____:____ on _____

Work on Step 3: _____ from ____:____ to ____:____ on _____

Work on Step 4: _____ from ____:____ to ____:____ on _____

Work on Step 5: _____ from ____:____ to ____:____ on _____

Work on Step 6: _____ from ____:____ to ____:____ on _____

Sensory Modality Memory Demonstration



Name (first name only): _____ **Date:** _____

Instructions: In the space below, write down the items that were presented to you visually and verbally at the beginning of the group.

Presented Visually

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Presented Verbally

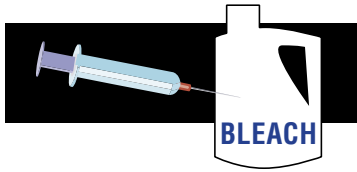
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Visual Memory Score: _____ correct out of 9

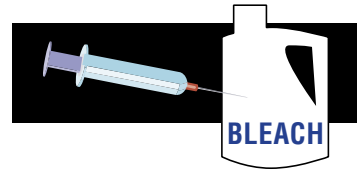
Verbal Memory Score: _____ correct out of 9

In which sensory modality did you remember best? **visual** or **verbal**

Clean needles with bleach



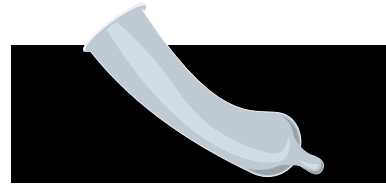
Clean needles with bleach



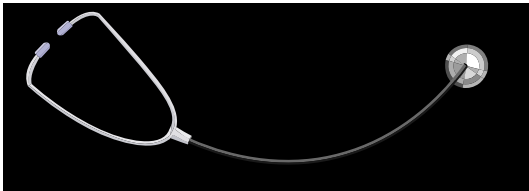
Always use condoms



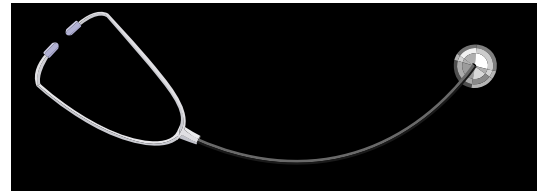
Always use condoms



Keep doctor's appointments



Keep doctor's appointments



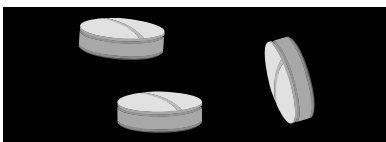
Eat fresh vegetables



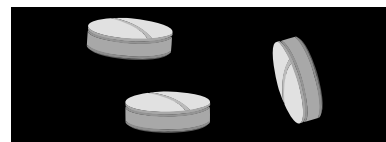
Eat fresh vegetables



Take medications
as prescribed



Take medications
as prescribed



11

23

8

20

16

5

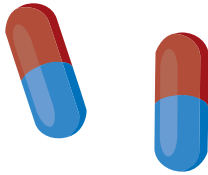
10

3

13

27

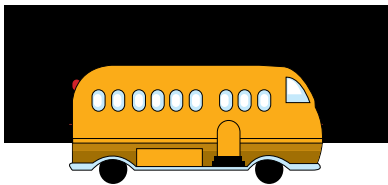
Take vitamins



Exercise regularly



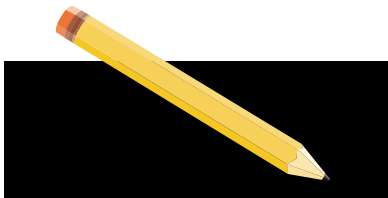
Use needle exchange van



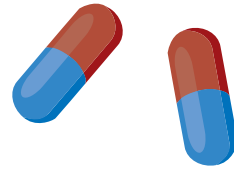
Do drug free leisure activities



Check your TO-DO list



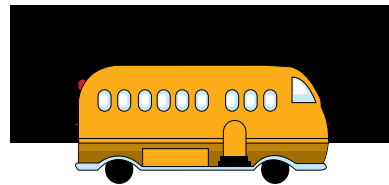
Take vitamins



Exercise regularly



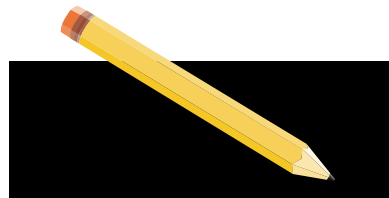
Use needle exchange van



Do drug free leisure activities



Check your TO-DO list



21

9

17

12

4

28

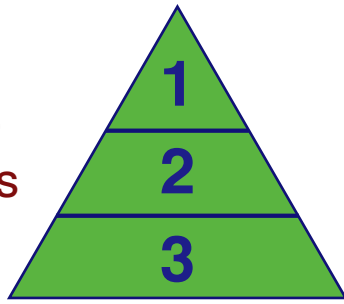
2

24

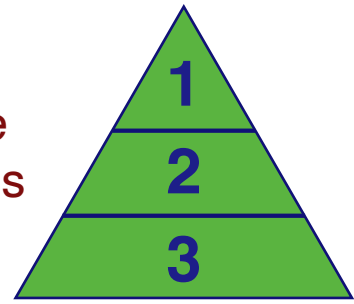
7

30

Prioritize
your goals



Prioritize
your goals



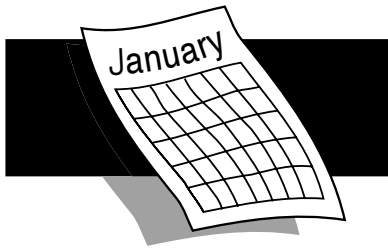
Ask for help

HELP!

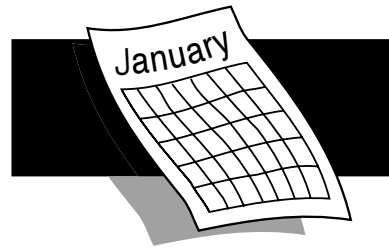
Ask for help

HELP!

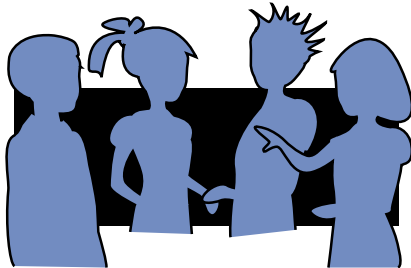
Mark your Calendar



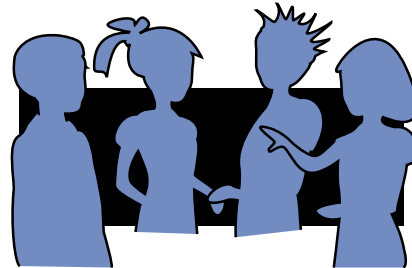
Mark your Calendar



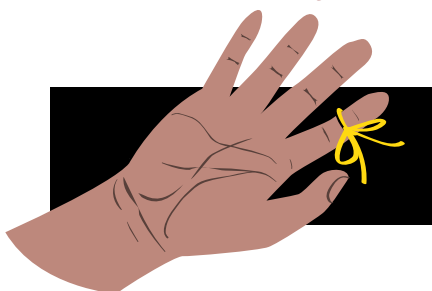
Go to NA meetings



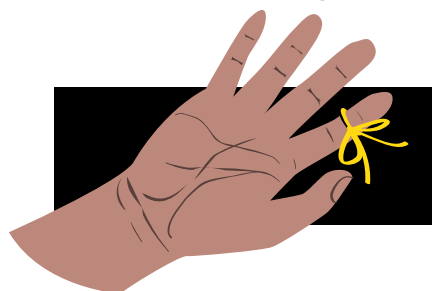
Go to NA meetings



Use memory aids



Use memory aids



1

29

15

18

6

22

19

25

26

14