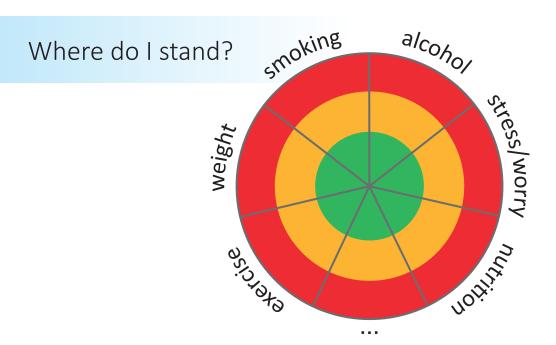




My health



My topic:				
Previous exp	eriences?			
Negative:			Obstacles (today):	
Positive:			My strengths, support:	
		Scale 0 - 10		Scale 0 - 10
How confident am I to make the relevant change?			How prepared am I?	

My specific aim/target:				
What?	Until when?			
My plan:				
My specific steps:				
My conclusion:				
What have I achieved / not achieved?	What did I gain personally?			

Congratulations for your completed project!

More information: www.gesundheitscoaching-khm.ch