

## My 30-Day Practice

How confident are you that you will succeed with your 30-Day Practice?



0



1



2



3



4



5



6



7



8



9



10

not at  
all confident

totally  
confident

*Your confidence level should be 7 or higher.*

Each day for the next 30 days, I am practicing \_\_\_\_\_

\_\_\_\_\_ .

I am saying yes to this practice because \_\_\_\_\_

\_\_\_\_\_ .

I am sharing this with \_\_\_\_\_ because I value your support .  
friend or family member

I'll report my progress to you by \_\_\_\_\_ .

frequency and date

To help me succeed, it would be great if you could \_\_\_\_\_

\_\_\_\_\_ .

Name \_\_\_\_\_

Date \_\_\_\_\_

