

My Personal Goals

Most women have some things they would like to change in their life. Pregnancy is a time when many women and couples find they are more open to making changes. For the items below, decide which you are happy with and what you would like to change.

Check the box that best matches how you feel for each item.

😊 = Good 😐 = Could be better

	😊	😐
Exercise		
Diet		
Handling Stress		
Weight		
Smoking		
Drinking lots of Water		

	😊	😐
Drinking & Drugs		
Support System		
Relationships		
Managing Time		
Teeth & Gums		
Other		

Take a minute to think about the things
that will need to be done.
How well prepared do you feel
for these things?

**Housekeeping,
shopping, laundry**

I have a plan

I need a plan

Caring for my baby

I have a plan

I need a plan

**Family Planning
method**

I have a plan

I need a plan

**Caring for other
children**

I have a plan

I need a plan

Cooking meals

I have a plan

I need a plan

**Time for my
relationship with my
partner**

I have a plan

I need a plan

**Going back
to work or school**

I have a plan

I need a plan

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Confidentiality Agreement

*Privacy is something everyone is concerned about
when they come for group healthcare appointments.*

You should only share information that you feel comfortable sharing with others. You have the right to expect that what is said here will stay private and confidential. Along with our commitment to maintain your privacy, you also have a responsibility to respect and protect each other's privacy.

You may share useful information outside the group, but names or any personal information that you hear or learn about individual group members should not be discussed with anyone else.

Printed Name _____

Signature _____

Date _____

