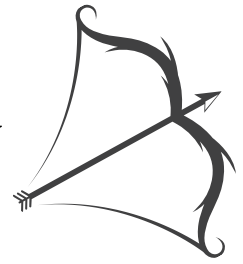




MONTHLY ACCOUNTABILITY

Journal



NAME/ADDRESS:

PHONE:

EMAIL:

◆ Monthly Wellness Goals

◆ How would I feel if I achieved my goals?

◆ Struggles/What holds me back

◆ How can I overcome my struggles?

What is accountability to me? Where/when do I need accountability?

Four things an accountability partner could do for me:



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