



MY FIRST-STEP VISION

MY TIME FRAME

For _____ days...

MY PLEDGE

I will Stop Reduce my _____

MY CONDITIONS

Without the feelings of _____

Struggle Anxiety Worry Regret Shame Fear Deprived Other

MY MOTIVATION

For the sake of of _____

My Entire Family	My Children	My Career	My Happiness
My Partner	My Parents	My Health	Other