**Making a Change Possible Questionnaire**

1. What is the problem – situation – I want to change?
2. What pain or fear do I associate with change in this area? “If I change, this bad thing might happen”
3. What excuses have I made or used to prevent me from changing this problem?
4. What will it cost me emotionally if this does not change?
5. What will it cost me financially if this does not change?
6. What are the benefits I could gain by having this changed?
7. What are the benefits I could gain by keeping the problem in my life?
8. How has this problem placed my important relationships in jeopardy?
9. Have I lost respect/reputation due to this problem?
10. Has this problem caused any type of physical illness?
11. Has this problem caused any type of emotional/psychological illness?
12. Do I seek people who will enable me to continue the behavior/problem I want to change?
13. What part of the problem do the people who care about me object to the most?
14. What type of abuse (emotional or physical) has happened to me and/or others due to the problem I am looking to change?
15. What have I done in the past to try to fix, control or change this problem in my life?
16. What are the feelings, emotions, and conditions I have tried to alter or control problem?
17. Right now, why have I not changed this problem/situation?
18. Am I willing to do whatever it takes to have this problem changed, healed or transformed?