

# What's Important to Me?



**Directions:** Circle the 10 values that are most important to you. Then, number those from the most important (#1) to the least important (#10). There is no right or wrong answer, just what is right for you.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Respect             | <input type="checkbox"/> Family          | <input type="checkbox"/> Independence    |
| <input type="checkbox"/> Honesty             | <input type="checkbox"/> Community       | <input type="checkbox"/> Creativity      |
| <input type="checkbox"/> Education/Knowledge | <input type="checkbox"/> Religion/Church | <input type="checkbox"/> Leadership      |
| <input type="checkbox"/> Trustworthiness     | <input type="checkbox"/> Peace           | <input type="checkbox"/> Money           |
| <input type="checkbox"/> Courage             | <input type="checkbox"/> Equality        | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Fairness            | <input type="checkbox"/> Friendship      | <input type="checkbox"/> Health          |
| <input type="checkbox"/> Caring              | <input type="checkbox"/> Leisure         | <input type="checkbox"/> Status          |
| <input type="checkbox"/> Responsibility      | <input type="checkbox"/> Power           | <input type="checkbox"/> Freedom         |
| <input type="checkbox"/> Self-Discipline     | <input type="checkbox"/> Wisdom          | <input type="checkbox"/> Love            |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____     |