Self-Awareness Exercise

*Complete these sentences:*

1. On vacation, I like to__________________________________________
2. If I had fifty dollars, I would____________________________________
3. The happiest day in my life was___________________________________
4. My favorite vacation place is_____________________________________
5. My bluest days are______________________________________________
6. I am best at____________________________________________________
7. On rainy days I like to____________________________________________
8. On weekends, I spend most of my time doing________________________
9. At parties I always_______________________________________________
10. When I go out to dinner, I like to go to____________________________
11. The types of movies I like are_____________________________________
12. If I need exercise, I______________________________________________
13. Every summer I always___________________________________________
14. The types of books I like are_____________________________________
15. I like to be with friends when____________________________________
16. When I am sad, to cheer up I will__________________________________
17. The type of music I like is________________________________________
18. When I go shopping, I like to______________________________________
Getting Your Needs Met

Everyone needs to be appreciated, known, and loved—by someone. How well are your emotional needs being met by your support network? Use the questions below to help you reflect.

**Listening.** We all need someone to hear us and to understand where we’re at—to pay attention to us. To whom in your life right now do you look primarily to listen to you? List one person only.

**Ignore the % marks for now**

____________________________     ________%

**Accepting.** We all need not only someone to listen to us but someone to accept us and tell us we are loved and that no matter what happens we’re OK. To whom in your life right now do you primarily look for emotional support? Name your primary emotional supporter.

____________________________     ________%

**Challenging.** At times, we all need someone to give us feedback, to tell us whether we’re crazy, whether we’re misinterpreting—someone to hold a mirror up to us and help us see ourselves from the outside. To whom in your life right now do you primarily look for this challenge? Who do you trust most for feedback?

____________________________     ________%

**Affirming.** We also need someone to tell us that we’re good at what we do. Whether our profession is household work or office work, whether we’re paid for our work or not—we all want someone to praise us for our skills and for a job well done. To what individual in your life right now do you primarily look for this support? Who affirms your competence?

____________________________     ________%
Now look back over the people you’ve listed and ask yourself how successfully that person fulfills this need for you. Use percentages to estimate the answer (10%, 28%, 98%, etc.) and record your answers next to the name. Then, mark any need that is not fulfilled at least 75% of the time. For those needs you might want to search for additional support. List two or three other people who could potentially fill this need for you.

**Examine your reflections.**

Do you rely primarily on one person to fulfill all your needs or on many different people?

___________________________________________________

Do you ever look for a need to be fulfilled by a person who is unlikely to ever come through for you?

___________________________________________________

Who else would you like to recruit for your support network?

___________________________________________________

How could you plan now to begin developing these other relationships?

___________________________________________________

Observations_______________________________________

___________________________________________________

___________________________________________________

___________________________________________________
Telephone Seminar Evaluation

Please complete this form and fax it to 1.952.996.2702, or email it to sue.weinberger@cignabebehavioral.com

Your company: ____________________________________________________________

Seminar date: ___________ Company city, state: ___________________________

Presenter: _______________ Title of seminar: _______________________________

<table>
<thead>
<tr>
<th>Definitely/Excellent</th>
<th>To a Great Extent/Good</th>
<th>Satisfactory</th>
<th>To a Small Extent/Poor</th>
<th>Minimally/Very Poorly</th>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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1. Were the goals set at the beginning of the session met?

   5  4  3  2  1

2. Have you learned at least one new skill that you can use in your personal or professional life?

   5  4  3  2  1

3. How clearly did the facilitator present the subject?

   5  4  3  2  1

4. What is your overall evaluation of this seminar?

   5  4  3  2  1

5. What part(s) of the seminar did you like best, and why?

   ____________________________________________________________

   ____________________________________________________________

6. What part(s) did you like least, and why?

   ____________________________________________________________

Other comments: ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________