## **CHANGE CHECKLIST**



<u>WORK</u>
☐ Changed to a new type of work
☐ Changed work hours or conditions
☐ Increased or decreased work responsibilities
☐ Experienced trouble with co-workers
☐ Retired
☐ Was fired or laid off
☐ Took work-related courses
☐ Organization was merged, acquired or reorganized
☐ New technology was introduced
UEALTH
HEALTH  D. Eumorion and illness or injury
☐ Experienced illness or injury
<ul><li>☐ Had a change in eating habits</li><li>☐ Had a change in sleeping habits</li></ul>
☐ Changed amount or type of recreation
FINANCIAL
☐ Made a major purchase
☐ Experienced a business reversal or financial loss
☐ Had a change in personal finances (good or bad)
HOME AND FAMILY
☐ Had a change of residence
☐ Changed the way family got together
☐ Experienced a change in the health or behavior of a family member
☐ Experienced home improvements or other household change
☐ Suffered the death of a spouse or family member
☐ Suffered the death of a close friend
☐ Got divorced
☐ Got married
☐ Had serious argument with spouse
☐ Had in-law problems
☐ Experienced a separation or reconciliation with spouse
☐ Welcomed a new family member (birth, adoption or relative who moved in)
☐ Had a spouse that started or stopped working outside the home
DEDCONAL AND COCIAL
PERSONAL AND SOCIAL
Realized a major personal achievement
☐ Made a major decision regarding the future
☐ Started or stopped school or college
☐ Took a vacation
Experienced a change in religious beliefs
☐ Changed social activities
☐ Had legal difficulties
☐ Had a change in political beliefs
☐ Developed a new, close personal relationship
Had a falling out in a close personal relationship
☐ Experienced loss, theft, or damage of personal property ☐ Had an accident
LI FIAG AN ACCIDENT