**Business Lifestyle Efficiency Planner**

**What are the major obstacles/energy suckers that are currently preventing you from living your ideal life?**

**Briefly describe your ideal Life Style i.e. What is the *style of life* you desire?**

**What are some key actions that you can you implement this week to start removing a major obstacle?**

**Who is going to keep you accountable for the changes you are about to embark upon?**

**How will you reward yourself for your major achievements along the way?**

Outcomes, Obstacles and Action Identifier

Included here are the major ‘Life Areas’ to assist in identifying desired outcomes and then to work backwards - to identify the major obstacle(s) that is/are preventing you from achieving the outcome. It then allows you space to document some key action items that you can get moving on immediately to make changes.

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| **Life Area** | **Desired Outcome** | **Completion Date** | **Major Obstacle** | **Obstacle Removal Action** | **Notes** |
| ***e.g Family***  | *Spend every night at home without working*  | *June 30* | *Evening work - Invoicing requirements* | *Train Samantha to do these* |  |
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| **Spiritual**  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Intellectual** |  |  |  |  |  |
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| **Financial** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Emotional** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Relational** |  |  |  |  |  |
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| **Addictions/Negative Habits** |  |  |  |  |  |
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| **Other personal** |  |  |  |  |  |
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| **Community / Giving Back**  |  |  |  |  |  |
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| **Business / Career** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Relational** |  |  |  |  |  |
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| **Hobbies / Interests** |  |  |  |  |  |
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