

# ***officeMC900434808*TOLERATIONS**

# ***What******are you putting up with?***

 **Let’s Clean up the clutter.**

**Name :**

**Date :**

**INSTRUCTIONS:** We tend to get dragged down and overwhelmed by things that accumulate over time - and end up cluttering our minds which hinders our potential growth and personal well being.

You may not want to do anything about them right now, but just writing them out here will raise your awareness and you'll naturally start handling, fixing and resolving them. So, make a list of what you're putting up with and see what's cluttering your mind, draining your energy and slowing you down!

**Examples:** Incomplete tasks, frustrations, poor processes and procedures, unresolved issues or problems, other people's or your own behavior, 'should’ve and would’ve, unmet needs, crossed boundaries, poor morale, overdue bills or invoices, guilt, exercise/eating/sleep habits, office cleanliness/tidiness, undone filing, indecision, procrastination, financials, health, long term and short term goals etc

Now is the time to identify what you're tolerating! Let’s overcome your limiting fears and escape the cycle of burn out and stress where you are handling too much and not being compensated in accordance. Do you think it is worth it?



**Write as many items as you can, then over time as you think of more, simply add them to your list:**

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**Finally, pick ONE toleration and an action you wish to take right away (now or in the next day or so): Always remember, you live every day but you die only once!**

## Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By When \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Why not put your completed list somewhere obvious - so you can refer or add to it over time?*





**Please fill out the form below to help you get where you never thought you could be:**

1. Your most important issue/challenge(s) today (What is keeping me awake at night)(Business or Personal)

2. The most important thing(s) we should discuss (Personal/Professional)

3. How are you contributing to the issue? Any personal patterns impacting your issue or challenge? (ex: Perfectionist, Impatient, Need to be right, Need to be in complete control)





4. What feelings surface when thinking about your issue or challenge? (ex: Anxious, Critical, Isolated, Frustrated, Angry, Sad, Nervous)



5. Any external forces adding to your issue or challenge? (ex: Business partner, Spouse, Employee, Financial Situation, Health Situation)?

6. When was the last time you had a good time or had a hearty laugh without being conscious of your surrounding?

7. Would you like to “Rediscover” the real you, if yes, then what steps are you will to take to get there.