

# How to Stop Putting Things Off

Supplementary Guide Created  
by  
Cheryl Delaney

Based on tools created  
by  
David Burns

# Table of Contents

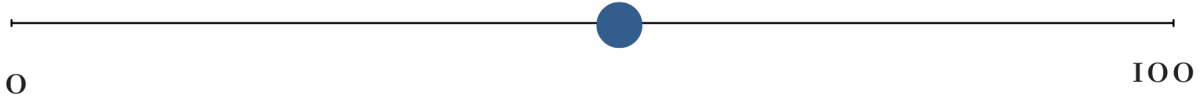
<b>Step One</b>	
Understand and Describe Your Procrastination	<b>1</b>
<b>Step Two</b>	
Determine Your Ideal Outcome	<b>2</b>
<b>Step Three</b>	
Create a Specific Goal	<b>3</b>
<b>Step Four</b>	
Appreciate the Status Quo and Decide Whether Change is Ideal	<b>3</b>
<b>Step Five</b>	
Pinpoint Unhelpful Thoughts	<b>6</b>
<b>Step Six</b>	
Generate Helpful Thoughts	<b>8</b>
<b>Step Seven</b>	
Action Steps and Supportive Tools	<b>11</b>



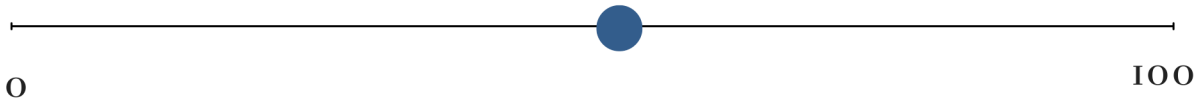
# Step One

## Assess your Motivation

On a scale of 0-100, how much do you want to change your procrastination?



On a scale of 0-100, how big a problem is procrastination for you?



## Observe Your Procrastination

What are the things you most tend to avoid? What feelings do you have when you want to put something off? What does it feel like at the end of the day or when you think about your goals?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## What are your Pitfalls or Distractions?

When you get started, what are the obstacles that get in your way or draw your attention away from your intended goals? What are the most typical ways you procrastinate?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Emotions

The last time procrastination was causing problems, which of these, if any, did you feel?

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Discouraged | <input type="checkbox"/> Curious    |
| <input type="checkbox"/> Inadequate | <input type="checkbox"/> Confused    | <input type="checkbox"/> Indecisive |
| <input type="checkbox"/> Calm       | <input type="checkbox"/> Excited     | <input type="checkbox"/> Bored      |
| <input type="checkbox"/> Resentful  | <input type="checkbox"/> Optimistic  | <input type="checkbox"/> Motivated  |
| <input type="checkbox"/> Irritated  | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Lonely     |
| <input type="checkbox"/> Sad        | <input type="checkbox"/> Scattered   | <input type="checkbox"/> Ashamed    |
| <input type="checkbox"/> Focused    | <input type="checkbox"/> Anxious     | <input type="checkbox"/> Stuck      |

## Describe Two Emotions

Of the emotions you checked above, choose the two that bother you the most and write about them. How intense are they? Do they bother you every day? When are they most likely to show up?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Step Two

### Determine Your Ideal Outcome

Close your eyes and envision **Wild Success**. How would you know your life had changed? What would be different about your or your circumstance? What's your ideal outcome?

---

---

---

---

---

# Step Three

## Create a Specific Goal

What's your specific goal? (i.e. work x minutes per day, write so many words per week)

---

---

---

---

Will you be able to give a clear 'yes' or 'no' answer to the question "Did I meet my goal today?"

Yes    No

If you answered no to that, rewrite your goal to make it easier to measure.

---

---

---

---

# Step Four

## Advantages

What are some of the fun or rewarding or enjoyable parts of procrastination? If everything else were the same tomorrow but you couldn't procrastinate if you wanted to, what would you miss?

---

---

---

 **Advantages (Continued)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

 **Disadvantages**

What are some of the drawbacks of changing? What will be hard or unpleasant about it? Why would a reasonable person not want to give up procrastinating?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Disadvantages (Continued)

---

---

---

---

---

---

---

## Values

What does procrastination show about me that I like about myself and might miss if it were gone?

---

---

---

---

---

---

---

---

---

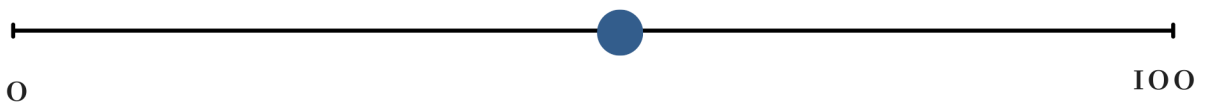
---

---

---

## Motivation Check

On a scale of 0-100, how much do you want to change your procrastination?  
Has it changed at all?









# Step Six

## Generate Helpful Thoughts

**Initial Thought**

**Helpful Thought**


\*Tool developed by Dr. David Burns, writer of Feeling Good and creator of TEAM therapy.

 **Generate Helpful Thoughts (Continued)**

**Initial Thought**

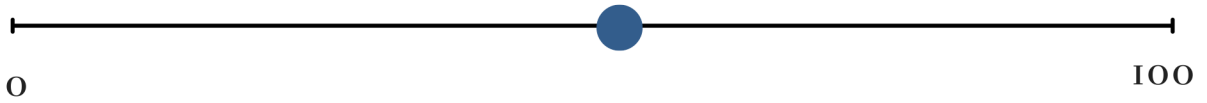
**Helpful Thought**


\*Tool developed by Dr. David Burns, writer of  
Feeling Good and creator of TEAM therapy.

# If You Get Stuck

## Motivation Check

On a scale of 0-100, how much do you want to change your procrastination?  
Has it changed at all?



When you think about your goal, is it at all motivating or inspiring?

- Yes    No

Do you resent the work for being too difficult or too dull?

- Yes    No

Are you concerned that if you try but fail to stop procrastinating, you'll only feel worse?

- Yes    No

If you answered yes to those questions, is there another solution to this problem? Can you change or remove the goal that isn't motivating, that's creating resentment? If the risk of failure is too powerful, is there some other option that would resolve the tension of procrastination? Write your thoughts here:

---

---

---

---

---

---

---

---

# Step Seven

## Anti-Procrastination Plan

Specific goal (from Step Three):

---

---

---

---

## Choose Three Tools to Start With

- |   |   |
|---|---|
| <input type="checkbox"/> Reinforce New Thoughts | <input type="checkbox"/> Accountability Partner           |
| <input type="checkbox"/> Problem-Solution List  | <input type="checkbox"/> Rewards and Punishments          |
| <input type="checkbox"/> Bit by Bit             | <input type="checkbox"/> Temptation Bundling              |
| <input type="checkbox"/> The Five-Minute Rule   | <input type="checkbox"/> Do This or Do Nothing            |
| <input type="checkbox"/> Convenience            | <input type="checkbox"/> Write Your Dream in Vivid Detail |

## Concrete Steps

When will you check in again on your progress?

---

---

If you pledge to come back to the process when things go sideways, write that commitment here:

---

---

---

---

---

---