

Highlights and Low Points

NAME _____

Mapping the shape of your life so far

DATE _____

1 Put a dot for each time that stands out



2 Higher if it felt good, lower if it felt hard



3 Join the dots to see the shape

Very good

above the line: felt good

Highlights

Okay

Low points

Very hard

below the line: felt hard

Earliest

Childhood

Teens

20s

30s

40s

50s+

Now

Name a few of your dots *number them on the graph; a word or two is enough*

① _____ age _____	② _____ age _____
③ _____ age _____	④ _____ age _____
⑤ _____ age _____	⑥ _____ age _____
⑦ _____ age _____	⑧ _____ age _____

YOU'RE IN CHARGE

Start with whatever you remember. You can mark a dot *without writing anything about it*, relabel the ages to suit your life, and leave anything blank.