# 4TH STEP WORKSHEETS : RESENTMENT

Name: Date:

| I'm resentful at | The cause | What part of self was hurt or threatened? | | | | | | | Where was I to blame? | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| People, institutions, or principles with whom I am angry | Why I am angry | Self Esteem | Pride | Emotional Security | Financial Security | Ambitions | Personal Relations | Sex Relations | Dishonest | Selfish | Self-Seeking | Frightened | Inconsiderate | The nature of our wrong |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

WORKSHEETSGO

# 4TH STEP WORKSHEETS : SEX CONDUCT

Name: Date:

| Whom did I hurt? | What did I do? | Did I unjustifiably arouse | | | Where was I at fault? | | | | What should I have done instead? |
|---|---|---|---|---|---|---|---|---|---|
| | | Jealousy | Suspicion | Bitterness | Selfishness | Dishonesty | Inconsiderate | Relationship selfish? | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

WORKSHEETSGO

# 4TH STEP WORKSHEETS: HARM TO OTHERS

Name: Date:

| Whom did I hurt? | What did I do? | Did I unjustifiably arouse | | | Where was I at fault? | | | | What should I have done instead? |
|---|---|---|---|---|---|---|---|---|---|
| | | Jealousy | Suspicion | Bitterness | Selfishness | Dishonesty | Inconsiderate | Relationship selfish? | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

WORKSHEETSGO

# 4TH STEP WORKSHEETS : FEAR

Name: Date:

| What am I afraid of? | The cause | What did I do? | What is a better way? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

WORKSHEETSGO