

MY ACTION PLAN

DATE: _____

I _____ and _____
have agreed that to improve my health I will:

1. Choose ONE of the activities below:



_____ Work on something that's bothering me:



_____ Stay more physically active!



_____ Take my medications.



_____ Improve my food choices.



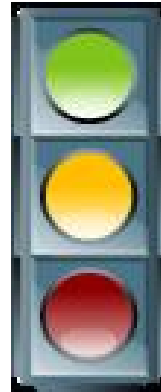
_____ Reduce my stress.



_____ Cut down on smoking.

2. Choose your confidence level:

How sure are you that you can do the action plan? (if < 7, then change plan)



10 VERY SURE

7 SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Fill in the details of your activity:

What: _____

How much: _____

When: _____

How often: _____

Where: _____

With whom: _____

Start Date: _____

Follow-Up Date: _____

Best Way to Follow-Up: _____

Action Plan Calendar

Draw a ○ in the box for the days that the action plan was set. If the goal for that day is reached, draw a check ✓ in the circle.

| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|--------|-----|-----|-----|-------|-----|-----|-----|
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |
| Week 5 | | | | | | | |
| Week 6 | | | | | | | |
| Week 7 | | | | | | | |
| Week 8 | | | | | | | |

Did you face any challenges doing this plan? If yes, explain below.
