**My Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Goal:** **Name something *YOU* want to do about your health in the next week or two** | | | |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| 1. **Describe your idea in detail:** | | |  |
| ***What is it?*** |  | | |
| ***Where?*** |  | | |
| ***How often/long/much?*** |  | | |
| ***When?*** |  | | |
| ***Start Date?*** |  | | |
|  |  | | |
| 1. **What are some of the barriers that may come in the way of my plan?** | | | |
|  | | |  |
|  | | | |
|  | | | |
|  | | | |
| 1. **What is my plan to overcome these barriers?** | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| 1. **What is my Confidence Level in carrying out my plan? (**On a scale from 1 to 10**)**   ***\*Please Circle on the grid below\*\**** | | | |
| Really Confident  Not Confident  0 1 2 3 4 5 6 7 8 9 10 | | | |
| 1. **How will I check up on my Action Plan?** | | | |
| **Who will I follow up with?** | |  | |
|  | |  | |
| **When and how often would I like to follow up?** | |  | |
|  | |  | |
| **How will I follow up? (in person, phone)** | |  | |