**My Action Plan**

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| 1. **Goal:** **Name something *YOU* want to do about your health in the next week or two**
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| 1. **Describe your idea in detail:**
 |  |
| ***What is it?*** |  |
| ***Where?*** |  |
| ***How often/long/much?*** |  |
| ***When?*** |  |
| ***Start Date?*** |  |
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| 1. **What are some of the barriers that may come in the way of my plan?**
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| 1. **What is my plan to overcome these barriers?**
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| 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 ConfidentNot Confident 0 1 2 3 4 5 6 7 8 9 10 |
| 1. **How will I check up on my Action Plan?**
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| **Who will I follow up with?** |  |
|  |  |
| **When and how often would I like to follow up?** |  |
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| **How will I follow up? (in person, phone)** |  |