Action Plan Form Example

My visit with: *Dr. Benjamin Thomas* Date: *August 25, 2023*

**What I want to do for my health:**

[ ]  Eat better [x]  Be more active

[ ]  Manage my stress [ ]  Handle my feelings better

[ ]  Sleep better [ ]  Take my medicine

Cut down or stop: [ ]  smoking [ ]  drinking [ ]  drugs

[ ]  Something else:

**Goal** – One goal I want to achieve that will improve my health:

*I want to lose weight by exercising*

**My Action Plan** – One specific step I can take to achieve this goal:

What: *Walking*

Where: *In the park near my office and in my neighborhood*

How Much: *30 minutes*

When and how often: *Four times a week. Monday, Wednesday, and Friday during my lunch hour and Sunday or Saturday morning with my wife.*

I will start: *Next* *Monday*

How sure am I that I can do this?

 1 2 3 4 5 6 7 8 9 10

 Not sure Very sure