Action Plan Form

My visit with: Date:

## What I want to do for my health:

[ ]  Eat better [ ]  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:

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

What:

Where:

How Much:

When and how often:

I will start:

How sure am I that I can do this?

 1 2 3 4 5 6 7 8 9 10

 Not sure Very sure