



Action Plan

WHAT WILL I DO:

CHOOSE ONE GOAL:

I WILL _____

(Examples: Increase My Physical Activity, Take My Medications, Make Healthier Food Choices, Reduce My Stress; Reduce My Tobacco Use)

CHOOSE ONE ACTION:

I WILL _____

(Examples: Walk More, Eat More Fruits & Vegetables)

HOW MUCH/HOW OFTEN:

HOW MUCH: _____

(Example: 20 Minutes)

HOW OFTEN: _____

(Example: Three Times a Week)

CONFIDENCE:

Circle a number to show how sure you are about doing the activity. Try to choose an activity that you are a 7 or above.

1 2 3
Not Sure At All

4 5 6
Somewhat Sure

7 8 9 10
Very Sure

My Signature

Healthcare Provider Signature