

# MY ACTION PLAN

DATE: \_\_\_\_\_

I \_\_\_\_\_ and \_\_\_\_\_  
have agreed that to improve my health I will:

## 1. Choose ONE of the activities below:



\_\_\_\_\_ Work on something that's bothering me:



\_\_\_\_\_ Stay more physically active!



\_\_\_\_\_ Take my medications.



\_\_\_\_\_ Improve my food choices.



\_\_\_\_\_ Reduce my stress.



\_\_\_\_\_ Cut down on smoking.

## 2. Choose your confidence level:

How sure are you that you can do the action plan? (if < 7, then change plan)



**10 VERY SURE**

**7 SURE**

**5 SOMEWHAT SURE**

**0 NOT SURE AT ALL**

## 3. Fill in the details of your activity:

What: \_\_\_\_\_

How much: \_\_\_\_\_

When: \_\_\_\_\_

How often: \_\_\_\_\_

Where: \_\_\_\_\_

With whom: \_\_\_\_\_

Start Date: \_\_\_\_\_

Follow-Up Date: \_\_\_\_\_

Best Way to Follow-Up: \_\_\_\_\_