

ACTION PLAN completed

ACTIVITY#10

Name:
Goal: (something I want to work on for my health - specific) Lose weight (to help my diabetes)
How: (will I do this?) Walk around the block
Where: (will I do this?) In my neighborhood
When / How often: (will I do this?) In the morning M/W/SA – Starting this Saturday
Barriers: Losing momentum Feeling tired in the morning
Plan to overcome barriers: Have friend walk with me Go to bed earlier
Supports: My friend Ellen My husband My care manager
Follow- up: CM will call me in a week

How important is this goal? 1-10

How confident am I that I can do this? 1-10

How ready am I do to work on this goal? 1-10

