

ACTION PLAN

ACTIVITY#11B

Name:
Goal: (something I want to work on for my health - specific)
How: (will I do this?)
Where: (will I do this?)
When / How often: (will I do this?)
Barriers:
Plan to overcome barriers:
Supports:
Follow- up:

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

