

Taking Care of My Health or Well-Being

16 Mar 2015

Today's Date: _____

My health or well-being goal is: _____

1) Make an action plan:

Is there anything you'd like to do for your health or well-being in the next week or two? If there isn't anything you'd like to do for your health or well-being right now, you might want to consider this again in the future. If yes, fill in the following details. Some of these may not apply. Try to be as specific as possible.

My Action Plan	My Answers	Comments
What would you like to do?		
Where?		
When and how often? (What time of day will you do this? If it happens more than once—how often will it happen?):		
How long or how much? (minutes, servings, etc.)		
When will you start?		

2) Review your plan

2a) How sure or confident are you that you will be able to accomplish your plan?

Not sure at all 0 1 2 3 4 5 6 7 8 9 10 Very sure

***Note:** If you chose 6 or lower, go to question 2b. If you chose 7 or higher, go on to question 3.

2b) How might you change your plan to make it possible to raise your number to 7 or higher?

3) Check how you are doing

I will do this myself

I will check with someone else (a family member or a healthcare team member)

Who is that person? _____

How and when would you like to check in (i.e. in a week or a day, by phone or in person)

Adjust your plan as needed. Remember to celebrate things that went well!



CCMI

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Today's Date: _____

EXAMPLE

My health or well-being goal is: I want to lose some weight.

1) Make an action plan:

Is there anything you'd like to do for your health or well-being in the next week or two? If there isn't anything you'd like to do for your health or well-being right now, you might want to consider this again in the future. If yes, fill in the following details. Some of these may not apply. Try to be as specific as possible.

My Action Plan	My Answers	Comments
What would you like to do?	<i>I'd like to get some exercise by walking.</i>	
Where?	<i>In the park near my house</i>	
When and how often? (What time of day will you do this? If it happens more than once—how often will it happen?):	<i>Mon, Wed, Fri from 1-1:30 in the afternoon</i>	<i>I'll do it after I eat lunch.</i>
How long or how much? (minutes, servings, etc.)	<i>for about 20 minutes</i>	
When will you start?	<i>I'll start today!</i>	

2) Review your plan

2a) How sure or confident are you that you will be able to accomplish your plan?

Not sure at all 0 1 2 3 4 5 6 7 8 9 10 Very sure

*Note: If you chose 6 or lower, go to question 2b. If you chose 7 or higher, go on to question 3.

2b) How might you change your plan to make it possible to raise your number to 7 or higher?

3) Check how you are doing

I will do this myself

I will check with someone else (a family member or a healthcare team member)

Who is that person? My wife

How and when would you like to check in (i.e. in a week or a day, by phone or in person)

I will check in with her in the evenings over dinner

Adjust your plan as needed. Remember to celebrate things that went well!



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