

MY ACTION PLAN

DATE: _____

I _____ and _____
(name) (name of clinician)

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:

This is how sure I am that I will be able to do my action plan:



10 VERY SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Complete this box for the chosen activity:

What: _____

How much: _____

When: _____

How often: _____

(Signature)

(Signature of clinician)