Action Plan Form

My visit with: Date:

## What I want to do for my health:

Eat better  Be more active

Manage my stress  Handle my feelings better

Sleep better  Take my medicine

Cut down or stop:  smoking  drinking  drugs

Something else:

**Goal** – One goal I want to achieve that will improve my health:

**My Action Plan** – One specific step I can take to achieve this goal:

What:

Where:

How Much:

When and how often:

I will start:

How sure am I that I can do this?

1 2 3 4 5 6 7 8 9 10

Not sure Very sure