

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Personal Action Plan

A **goal** is something you want to accomplish but may take a while to achieve, such as losing weight or decreasing your blood pressure.

**Action plans** are short-term plans that help you reach your goal. They must include a specific action or behavior that you **want** to do and know that you will be able to accomplish. Your plan must answer the questions:

- *What* are you going to do?
- *How much* are you going to do?
- *When* are you going to do it?
- *How many* days a week are you going to do it?

Your **confidence level** is an indicator of how certain you are that you will succeed with your action plan. You must attach a confidence level of 0 to 10 to your

plan. A confidence level of 7 or higher will help you to succeed. If your confidence level is lower than 7, think about changing your action plan.

## Action plan examples:

- This week I will walk (*what*) for 20 minutes (*how much*) before lunch (*when*) three days (*how many*).
- This week I will take my medications as prescribed before breakfast, lunch, and dinner every day.

## My goal is:

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(over)





# My Action Plan

**This week I will:**

\_\_\_\_\_

*(what)*

\_\_\_\_\_

*(how much)*

\_\_\_\_\_

*(when)*

\_\_\_\_\_

*(how many)*



How **confident** are you that you will succeed with your plan?



0 = not at all confident

10 = totally confident

**Your confidence level should be a 7 or higher.**



Things that could make it difficult to fulfill my action plan:

\_\_\_\_\_

\_\_\_\_\_

My plan for overcoming these challenges:

\_\_\_\_\_

\_\_\_\_\_



Support and resources I will need to fulfill my action plan:

\_\_\_\_\_

\_\_\_\_\_

Contact your local Health Education Department for more information and to register for classes.

My reward: \_\_\_\_\_

Review date: \_\_\_\_\_ With: \_\_\_\_\_

My signature: \_\_\_\_\_