

MY ACTION PLAN

Date: _____

I _____ and _____

(Name)

(name of clinician)

have agreed that to improve my health I will:



_____ Work on something that's bothering me



_____ Improve my food choices



_____ Stay more physically active



_____ Reduce my Stress



_____ Take my Medications



_____ Cut down on smoking

Here is what I can do: _____

How much: _____

When: _____

How often: _____

This is how sure I am that I will be able to do this: circle a number)

Not sure

Very Sure

1

2

3

4

5

6

7

8

9

10