

# 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)