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:

It’s time to take action!
My Action Plan

This week I will:

____________________________________________________________________

(what)

____________________________________________________________________

(how much) (when) (how many)

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

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<tr>
<th>0</th>
<th>1</th>
<th>2</th>
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<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>0 = not at all confident</td>
<td>10 = totally confident</td>
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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:

____________________________________________________________________

____________________________________________________________________

My reward: _____________________________________________________________

Review date: ______________  With: ________________________________________

My signature: ___________________________________________________________

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