

# 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.



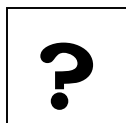
\_\_\_ Improve my food choices.



\_\_\_ Reduce my stress.



\_\_\_ Cut down on smoking.



\_\_\_ Other

## 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: \_\_\_\_\_

How often: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Signature of clinician)

NEXT APT. \_\_\_\_\_ PHONE # \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_