

# 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: (mark level)



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 appt.: \_\_\_\_\_ Phone #/ best time to call \_\_\_\_\_