

Goal Setting

Is there anything I would like to do for my health
in the next week or two?
Please choose **ONE** cloud or fill an empty one.



If I believe I can... I can!

My Action Plan

My Action Plan is...

What I would like to do:

How much I would like to do this:

When I will do this: _____

How many days a week I will do it: _____

How **confident** am I in succeeding:

0 ----- 1 ----- 2 ----- 3 ----- 4 ----- | ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
Not confident Very confident

My Action Plan will work if the confidence level is at least 7 or higher.
I need to adjust my Action Plan if my confidence level is less than 7.

My **follow-up** plan is:

*(For example: My friend or family or health care professional will follow up with me
in two weeks)*

(For example: I will evaluate this plan in one week)