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.

- Exercise
- Eating
- Manage my emotions
- Get more Sleep
- Quit or Cut Down Smoking
- Take my Medication
- Take time to Relax
- Increase Physical Activity
- Cut down on Sitting/Screen Time

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)

This form is created based on the Brief Action Planning Guide from the Centre for Comprehensive Motivational Interventions, www.centreCMI.ca