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:**
My Action Plan

This week I will:

____________________________________________________________________

(what)

____________________________________________________________________

(how much) (when) (how many)

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

0 1 2 3 4 5 6 7 8 9 10

0 = not at all confident 10 = totally confident

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.