

Action Plan for Success for: _____

Please circle one goal below. You may set a goal that is not listed.

 <p>Exercise</p>	 <p>Healthy Eating</p>	 <p>Weight Loss</p>	 <p>Monitoring</p>	 <p>Medication</p>
 <p>Stress Management</p>	 <p>Stop Smoking</p>	 <p>Foot Care</p>	 <p>Dental Exam</p>	 <p>Dilated Eye Exam</p>

Example Action Plan

What am I going to do: walk

How much will I do: 30 minutes

How often will I do it: 3 days a week

When will I do it: 9:00 - 9:30 a.m., Mon. Tues., Wed.

Week in Review:

Last week I... Walked 20 mins. on Mon. and Thurs.

Action Plan

What am I going to do: _____

How much will I do: _____

How often will I do it: _____

When will I do it: _____

Week in Review:

Last week I: _____

Week of _____

My goal is _____

Action Plan

What am I going to do: _____

How much will I do: _____

How often will I do it: _____

When will I do it: _____

Week in Review:

Last week I: _____

Week of _____

My goal is _____

Action Plan

What am I going to do: _____

How much will I do: _____

How often will I do it: _____

When will I do it: _____

Week in Review:

Last week I: _____

Week of _____

My goal is _____

Action Plan

What am I going to do: _____

How much will I do: _____

How often will I do it: _____

When will I do it: _____

Week in Review:

Last week I: _____

Week of _____

My goal is _____

Action Plan

What am I going to do: _____

How much will I do: _____

How often will I do it: _____

When will I do it: _____

Week in Review:

Last week I: _____