

HEALTH HOME  
**Goal Setting and Action Planning Worksheet**

NAME	DATE
<b>Long Term Goal</b>	
<b>Short Term Goal</b>	
Describe something you <u>will do now to improve your health.</u>	
<b>Describe what you will do</b>	
<ol style="list-style-type: none"> <li>1. What you'll do:</li> <li>2. Where you'll do it:</li> <li>3. The number of times each day / week:</li> <li>4. How long will you commit to doing this:</li> </ol>	
Possible barriers to your success:	
Plan to overcome the barriers:	
<b>Conviction</b>	
How <b>important</b> is it for you to work on the goal you identified above? Check the box which best shows your response. Not at all convinced <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    Totally convinced	
<b>Confidence</b>	
How <b>confident</b> are you that you will be successful in reaching the goal you identified above? Check the box which best shows your response. Not at all confident <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    Totally confident	
<b>Readiness</b>	
How <b>ready</b> are you to work on the goal you identified above? Check the box which best shows your response. Not at all ready: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10    Totally ready	
Plan for follow-up:	