### HEALTH HOME

#### Goal Setting and Action Planning Worksheet

<table>
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<tr>
<th>NAME</th>
<th>DATE</th>
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#### Long Term Goal

Describe something you will do now to improve your health.

#### Short Term Goal

Describe what you will do

1. What you’ll do:
2. Where you’ll do it:
3. The number of times each day / week:
4. How long will you commit to doing this:

Possible barriers to your success:

Plan to overcome the barriers:

#### Conviction

How **important** is it for you to work on the goal you identified above? Check the box which best shows your response.

- Not at all convinced [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 Totally convinced

#### Confidence

How **confident** 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 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 Totally confident

#### Readiness

How **ready** are you to work on the goal you identified above? Check the box which best shows your response.

- Not at all ready: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 Totally ready

Plan for follow-up: