# HEALTH HOME

## Goal Setting and Action Planning Worksheet

<table>
<thead>
<tr>
<th>Long Term Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Short Term Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe something you will do now to improve your health.</td>
</tr>
</tbody>
</table>

## 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:

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