HEALTH HOME
Goal Setting and Action Planning Worksheet

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

**Long Term Goal**

**Short Term Goal**
Describe something you will do now to improve your health.

**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: