

HEALTH HOME
Goal Setting and Action Planning Worksheet

NAME	DATE
Long Term Goal	
Short Term Goal	
Describe something you <u>will do now to improve your health.</u>	
Describe what you will do	
<ol style="list-style-type: none"> 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 <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	
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 <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	
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: <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:	