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|  | HEALTH HOME**Goal Setting and Action Planning Worksheet** |  |
| NAME | DATE |
| **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: |