

SAMPLE Healthy Changes Action Plan

Action Plan

The change I want to make is: (Something I WANT to do this week). My goal is:

Begin exercising

Specific step I can take to achieve this goal:

What: Walking

Where: Around the block and neighborhood park

When: Every Monday, Wednesday, Friday, Saturday/Sunday

How Often: 4 times per week

How Much: 45 minutes

Barriers: What might get in the way of your plan?

Household chores; Time

Plans to overcome barriers: What could you do to handle these barriers?

Ask family to help with chores, walk on lunch break or in the morning or evening.

Importance: How important is this plan?

1 2 3 4 5 6 7 8 9 10
Not Sure Very Sure

Confidence: How confident are you that you can do the whole plan?

1 2 3 4 5 6 7 8 9 10
Not Confident Very Confident

Follow-up: Who are you going to talk to about the plan and when?

My doctor at my next visit – 2 months

My Community Health Worker – during our weekly/bi-weekly meetings

