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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: | | | |