

# MY ACTION PLAN

I \_\_\_\_\_ and \_\_\_\_\_  
(patient identification number) (name of clinician)

have agreed that to improve my health I will:

**1. Choose one of the activities below:**



\_\_\_\_\_ Work on something that's bothering me:  
\_\_\_\_\_



\_\_\_\_\_ Stay more physically active!



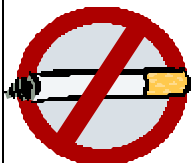
\_\_\_\_\_ Take my medications.



\_\_\_\_\_ Improve my food choices.



\_\_\_\_\_ Reduce my stress.



\_\_\_\_\_ Cut down on smoking.

**2. Choose your confidence level:**

This is how sure that I am that I will be able to do my action plan:



10 VERY SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

**3. Complete this box for the chosen activity:**

What: \_\_\_\_\_  
\_\_\_\_\_

How much: \_\_\_\_\_  
\_\_\_\_\_

When: \_\_\_\_\_  
\_\_\_\_\_

How Often: \_\_\_\_\_  
\_\_\_\_\_

Sex: M or F

Age: \_\_\_\_\_

Hispanic: Yes or No