

Action Plan

1. Goals: *Something you WANT to do:*

2. Describe

How: _____

Where: _____

What: _____ **Frequency:** _____

When: _____

3. Barriers: _____

4. Plans to overcome barriers: _____

**5. Conviction ____ & Confidence ____ ratings
(0 - 10)**

6. Follow-Up: _____

Action Plan (*Example*)

- 1. Goals:** *Something you WANT to do:*
Begin exercising
- 2. Describe:**
How: Walking
Where: Around the block
What: 2 times **Frequency:** 4 x/wk
When: after dinner
- 3. Barriers:** have to clean up; bad weather
- 4. Plans to overcome barriers:**
ask kids to help; get rain gear
- 5. Conviction 8 & Confidence 7 ratings
(0 - 10)**
- 6. Follow-Up:** next visit – 2 months