



Participant's name: \_\_\_\_\_ Date: \_\_\_\_\_

My educator and I have agreed to improve my health. I will do the following:



Work on something that is bothering me



Improve my food choices



Stay more physically active



Reduce my stress



Take my medications



Cut down on, or quit, smoking

I am going to: \_\_\_\_\_

How often am I going to do this? \_\_\_\_\_

When will I start this plan? \_\_\_\_\_

This is how sure I am that I will reach this goal (circle a number).\*

Not sure

Very sure

1      2      3      4      5      6      7      8      9      10

\*If the number is less than 6, select a different goal