HEALTH HOME
Goal Setting and Action Planning Worksheet

**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: