

Goal Setting and Action Plan Template

Goals

Long-term goal: Where do I want to be with my health in the future?

Date:

If I have more than one long-term goal, which one do I want to focus on first?

How important is this to me? (Circle number below)



Not Important

Very important

How can I achieve this / what do I need to achieve this?

What would be the first step(s)?

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Action Plan

What exactly am I going to do? How, what, when, where, how often?

What will get in the way?

How will I overcome this?

What support do I need?

How confident do I feel? (Circle number below)



Not
confident

Very
confident