

Personal Action Plan: Helping clients with chronic conditions develop a plan for learning new behaviors.

Name: _____

Date: _____

Phone: _____

The change I want to make happen is:

My goal for the next month is:

Action Plan:

The specific steps I will take to achieve my goal are: (include what, when, how, where, and how often):

The things that could make it difficult to achieve my goal include:

My plan for overcoming these challenges include:

Supports and resources I will need to achieve my goal include:

My confidence that I can achieve my goal is (scale of 0 to 10, with 0 meaning not confident at all, and 10 being extremely confident):

Reprinted with permission from the Institute for Healthcare Improvement. Available online at <http://www.ihl.org/IHI/Topics/ChronicConditions/Diabetes/Tools>.

Retrieved from: Self Management in Theory and Practice: A Guide for Health Professionals. March, 2009.