



# Parts of an Action Plan

Fraser Health Diabetes Health Centre

Date: \_\_\_\_\_

1. Something that YOU want or decide to do

\_\_\_\_\_

2. Achievable

\_\_\_\_\_

3. Action-specific

\_\_\_\_\_

4. Answer the questions:

**What?** (*specific action*)

\_\_\_\_\_

**How much?** (*time, distance, amount*)

\_\_\_\_\_

**When?** (*time of day or which days of the week*)

\_\_\_\_\_

**How often?** (*number of days in the week*)

\_\_\_\_\_

5. Confidence level of 7 or more \_\_\_\_\_

Follow up date: \_\_\_\_\_