

## YOUR GUIDE TO GOALS AND ACTION PLANS

### Why Set a Goal?

You will be more successful at making changes to your health if you set a formal goal. Your goal should describe an *outcome* that you would like to see accomplished in the next 3-6 months. Your goal needs to be SMART

- **S - specific**
- **M - measurable**
- **A - attainable**
- **R - realistic**
- **T - time frame**

#### *Example*

- *I would like to increase my physical fitness by being able to walk 5 blocks by April **or***
- *I would like to reduce my waist circumference 1 inch by April*

### What is an Action Plan?

Your action plan will describe specific *behaviours* that will help you reach your goal. You should be able to answer the following 4 questions:

- **What will I do?**
- **How much?**
- **How often?**
- **When?**

#### *Example*

*I plan to start walking for 20 min after breakfast on Mon, Wed and Fri*

**Rate your confidence:** your action plan should provide you with a challenge, but you need to feel confident that you can complete your plan. **Review your action plan and rate your confidence on a 10 point scale.**

0 = no confidence at all that I can complete this plan

10 = totally confident that I can complete this plan

If you rate your confidence is less than 7, you need to change your action plan so that your confidence rating will increase.

### Have a Follow up Plan

- Remind yourself - post your action plan where you will see it regularly.
- Keep track of your progress and review it each week.

**Overcome Your Barriers:** If you are not successful with your plan, spend time exploring your barriers or the obstacles which prevent you from completing your plan and look for ways of overcoming these barriers.

*Example: I did not walk this week because of rain. I could walk in the mall or get a raincoat.*

Name: \_\_\_\_\_

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

## SETTING A GOAL AND ACTION PLAN

### Goal

My Goal is: \_\_\_\_\_

### Action Plan

What am I going to do to help move me towards this goal? \_\_\_\_\_

\_\_\_\_\_

How much/how often? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Barriers \_\_\_\_\_

Solutions \_\_\_\_\_

Rate your confidence: 0   1   2   3   4   5   6   7   8   9   10  
                                     Not sure at all                                      Somewhat sure                                      Very sure

### Follow Up Plan

How will I follow up? \_\_\_\_\_

**Follow up #1:** Date: \_\_\_\_\_ Successful       Unsuccessful

*If you were unsuccessful write down why*

Barriers/Solutions: \_\_\_\_\_

**Follow up # 2:** Date: \_\_\_\_\_ Successful       Unsuccessful

Barriers/Solutions: \_\_\_\_\_

**Follow up # 3:** Date: \_\_\_\_\_ Successful       Unsuccessful

Barriers/Solutions: \_\_\_\_\_