

# How Do You Want To Improve Your Health?

Choose one of the following, or come up with one of your own:



Eating Plan



Take Medication



Quit Smoking



Exercise



Reduce Alcohol Intake



Reduce Stress



Reduce Salt



Weight Reductions



Self-Monitoring



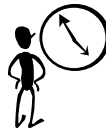
Choose Your Own:



What will you do?

\_\_\_\_\_

\_\_\_\_\_



When will you do it?

\_\_\_\_\_

\_\_\_\_\_

Where will you do it?

\_\_\_\_\_

\_\_\_\_\_



How will you do it?

\_\_\_\_\_

\_\_\_\_\_

1. On a scale from 0 to 10:

a. How important is this to you? 1 2 3 4 5 6 7 8 9 10

b. How confident are you that you can achieve your goal? 1 2 3 4 5 6 7 8 9 10

2. What could make it difficult for you to reach your goal: \_\_\_\_\_

\_\_\_\_\_

3. What is your plan for overcoming these difficulties: \_\_\_\_\_

\_\_\_\_\_

We want to help you achieve your goal. We will follow-up with you on: \_\_\_\_\_

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