



Living a Happy, Healthy Life

My Goals... My Plan

My Goals:

1)

2)

My Strengths: (For example: kind, helpful, hard-working)

Challenges: Things that could get in the way of me reaching my goals (for example: decreased energy, lack of family support, money)

My Team / Supports: Who can help me reach my goals?
(For example: my doctor, family, friends, therapist)

Name	Relationship

Which of these things may help me feel better?



Healthy Eating



Exercise Plan



Email My Team



Stress Reduction Group



Medicine / Pill Box



Talking



Journaling

Date: _____

MY ACTION PLAN

1. Choose ONE of the things below to work on. Set simple goals and take small steps.



Make time for activities I enjoy



Reach out to people who can help me



Do something kind for someone else each day



Eat Healthier



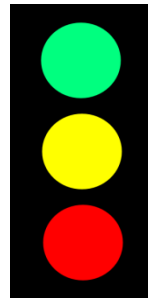
Exercise



Other

2. Choose your confidence level:

How sure are you that you can stick to your plan? (If less than 7, consider changing plan)



10 VERY SURE

7 SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Fill in the details of your activity:

What: _____

How Much: _____

When: _____

How often: _____

Where: _____

With whom: _____

Start Date: _____

Follow-Up Date: _____

Best Way to Follow-Up: _____