Please read the medical disclaimer at the end before you complete this worksheet. This worksheet is provided because writing things down helps to increase your commitment, male changes and increase your chance for success. It also gives you the opportunity to look back and make changes over time.

**What is the Change or Goal that you wish to make?**

Thinking about a problem I have or health related goal, I would like to achieve. (for example, improve balance, decrease pain, improve stamina, better diet, reduce stress, add routine exercise, improve compassion for others, better relationship).

* List your Goal, what you will do, how, when and with what support in the table below. Make this Plan very specific, measurable and doable such as walk 10 min a day 3 days instead of just walk daily.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **What** | **How Much** | **When** | **Support or Encouragement!** |
| Example: Start Exercising | Start Walking | Add 10-minute walk (or 3000 steps) | Morning 3x week with spouse (or dog) | Happy spouse (or dog).  Earn Fitbit watch rewards or badge  More energy |
| Example: Reduce sugary foods | Drink less soda | Drink one less soda daily and drink water instead | At lunch time | Save money, support plan by buying only 7 per week |
| My goal: |  |  |  |  |

* Has this change been reviewed with your healthcare provider or other professional to be sure that it is appropriate for your priority, safe and effective?

**Measure your readiness for positive health change by choosing a number 0 (not ready) to 10 (already stated) on the scale below.**

Not Ready Thinking About It Identifying Steps Making Change

For Change

0 1 2 3 4 5 6 7 8 9 10

* Is the plan doable or is too much too soon? What can you do to make it more convenient?

**Now answer the questions that apply to you based on the answer 0 to 10 you provided above.**

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**Not Ready (Answer 0-2):** Need a little help to get started.

* Can my goal potentially improve my health, wellbeing or life quality?
* Are there hidden benefits that can also occur?
* What would happen if I don’t change?
* How can I learn more about the benefits of this change or plan?
* Who can I partner with for support or guidance? For example, doctor, nutritionist, life coach, counselor, spouse, family, friend, physical therapist, doctor, trainer?

**Thinking About Change (Answer 3-5):** I realize that certain change would be good for your health of life quality and are thinking about taking the step needed.

* What are a few small steps I can take to move toward your goal?
* Can my goal be modified or simplified to improve your motivation if interest is low?
* What would happen if I do not change?
* What obstacles are in my way of change?
* What strengths can I capitalize on to begin change?
* Who can I partner with for support or guidance? For example, life coach, counselor friend, physical therapist doctor, trainer?

**Identifying Steps for Change (6-8):** I am already actively planning and gathering information to make health related changes.

* What are a few small steps I can take to move toward my goal? Are there steps that will work better or be easier to complete?
* What obstacles or difficulties might stand in the way of my goal?
* How can I work around or overcome these obstacles?
* What strengths can I capitalize on to begin change?
* Who or what can I turn to for help and support or to keep me on track?
* Can my goal be modified or simplified to improve your motivation if interest is low?
* How will I keep up your healthy lifestyle change?
* Who can I partner with for support or guidance? For example, life coach, counselor friend, physical therapist doctor, trainer?

**Making Change (9-10):**  I have taken positive steps for health are already actively planning and gathering information to make health related changes.

* What are the risks that my success over time will fade?
* How can I change or tweak my plan or goal to increase my success or progress?
* How can I keep it interesting and challenging?
* Can I change my plan to broaden the goal?
* What is your number one priority and goal for completion?
* Now that I am successful are there other areas that I can work on for improvement or balance?
* Are there tools that can help me stay on tract such as websites, monitoring devices, or calendars?
* Who can I partner with for support or guidance? For example, life coach, counselor friend, physical therapist doctor, trainer?
* How will I award my progress (big and small)?

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Medical Disclaimer:

The purpose of this worksheet is to provide you with a tool to help you think about and record information and thoughts associated with a positive lifestyle change. It is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or another qualified healthcare provider with any questions you may have regarding a medical condition or treatment and before undertaking a new health care regimen or lifestyle change. Never disregard, replace or ignore professional medical advice or delay in seeking it because of something you have read or is associated with this website.