Action plan

Date: _____

This week I will:

❑ Find a solution to something that's bothering me.

❑ Improve my food choices.

❑ Become more active.

❑ Reduce my stress.

❑ Take my medications.

❑ Check my blood pressure.

❑ Keep records of my glucose numbers.

Here is what I can do: _____

How often: _____

How much: _____

When: _____

My confidence level is (circle one):

0 1 2 3 4 5 6 7 8 9 10

less confident more confident

You may want to make additional copies of this page before you fill in the blanks.

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