

INCLUDE Action Plan

DATE: ____ / ____ / ____

INTERVIEWER: _____

Over the next 3 months, I will support you in developing and reaching a health goal, related to preventing diabetes. I'll check in with you every 2 weeks to see how you are doing with your plan, and to see if you need any help.

Before we begin, what is your current weight today in pounds? _____

As a reminder, your original weight was _____ pounds and your original BMI was _____ pounds. For Asian adults, a BMI considered overweight is greater than 23.

Today, your current weight is _____ pounds. Losing even a small amount of weight, like 5%, can help people prevent diabetes, so let's set that as a goal. Based on this goal, your goal weight is _____ pounds.

1. Over the next 2 weeks, I will focus on:

		
Eat a Healthy Diet	Be Physically Active	Othe
		
Cope with Stress	Limit Alcohol	Stop Smoking

2. Record of Participant's Action Plan:

My goal for this week is (e.g., walk 4 times): _____

When I will do it (e.g., mornings before breakfast): _____

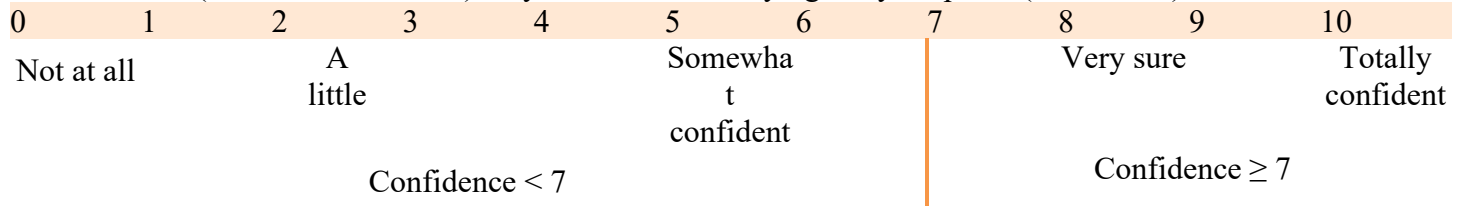
Where I will do it (e.g., at the park): _____

How often I will do it (e.g., Monday thru Thursday): _____

What might get in the way of my plan (e.g., I have to take the children to school one day): _____

What I can do about it (e.g., I'll choose days when I don't take them to school):

How confident (on a scale of 0 to 10) do you feel about carrying out your plan? (Circle One)



[Note: Revise Action Plan until confidence is **greater than 7**.]

Over the past 2 weeks, how many servings of vegetables did you eat each day? (1 serving = 1 fist)?

Input:

On a typical day, how many people do you have at your dinner table (includes people that don't live in your house)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other: _____
- Don't know/Not sure
- Prefer not to answer

Health Insurance

3. Do you need assistance enrolling in or renewing your health insurance?

- ☐ No, participant did not need services
- ☐ Yes, participant needed assistance to enroll in health insurance
- ☐ Yes, participant needed assistance to renew health insurance
- ☐ N/A

Additional Services/Assistance Requested

4. Is there anything else you would like to discuss, or additional services or assistance that you need?

Do you need any additional services not related to your health?

INCLUDE 5.10.2024

☐ No, participant did not request services

☐ Yes, participant requested services

☐ English class

☐ Employment / job search

☐ Food bank / food insecurity

☐ Health care specialist

☐ Funeral service assistance

☐ Unemployment assistance

☐ Housing assistance ☐ Medical Equipment

☐ Other

☐ N/A

[Note: If yes, take a note of their needs and tell them "We noted your request and will share that with CHW, and they will get back to you later."]

5. Is there anything else you would like to discuss?

Follow-Up Plan

[Ask participant to repeat their Action Plan, check with them the strategies to proceed with the plan when encountering barriers.]

Date: _____ Time: _____