

<b>CHW Initials:</b> _____	<b>Today's date :</b> ____ / ____ / ____ <div style="text-align: center; font-size: small;">MM      DD      YYYY</div>
<b>Resident Name:</b> _____ <div style="text-align: center; font-size: small;">First                      Last</div>	
<b>Resident Address:</b> _____ <div style="text-align: center; font-size: small;">Building                      APT#</div>	

### **6-MONTH ACTION PLAN**

<b><u>I plan to focus on:</u></b> (refer to the <i><u>Goal Setting</u></i> form)	<b><u>By 6 months from now, I will:</u></b>

## SHORT-TERM ACTION PLAN

In order to reach **goal #1** by 6 months, for the next 1-2 weeks I will:

(e.g. walk 3 times) \_\_\_\_\_

When I will do it (e.g. in the morning after breakfast) \_\_\_\_\_

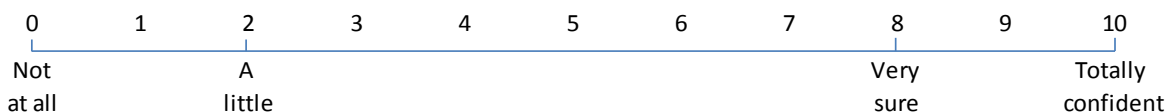
Where I will do it (e.g. around the block) \_\_\_\_\_

How often I will do it (e.g. Monday, Wednesday, & Friday) \_\_\_\_\_

What might get in the way of the plan (e.g. too cold outside) \_\_\_\_\_

What I can do about it (e.g. use the treadmill in the community center) \_\_\_\_\_

On a scale of 0 to 10, how sure or confident are you that you will be able to accomplish your plan? (10 meaning that you are completely sure, and 0 meaning you are not at all sure)



**ANSWER ONLY IF YOU CHOSE 6 OR LOWER. How might you change your plan to make it possible to raise your number to 7 or higher?**

Follow-up Plan (how and when) \_\_\_\_\_

### SHORT-TERM ACTION PLAN

In order to reach **goal #2** by 6 months, for the next 1-2 weeks I will:

(e.g. walk 3 times) \_\_\_\_\_

When I will do it (e.g. in the morning after breakfast) \_\_\_\_\_

\_\_\_\_\_

Where I will do it (e.g. around the block) \_\_\_\_\_

\_\_\_\_\_

How often I will do it (e.g. Monday, Wednesday, & Friday) \_\_\_\_\_

\_\_\_\_\_

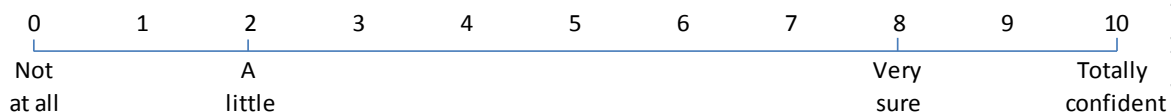
What might get in the way of the plan (e.g. too cold outside) \_\_\_\_\_

\_\_\_\_\_

What I can do about it (e.g. use the treadmill in the community center) \_\_\_\_\_

\_\_\_\_\_

On a scale of 0 to 10, how sure or confident are you that you will be able to accomplish your plan? (10 meaning that you are completely sure, and 0 meaning you are not at all sure)



**ANSWER ONLY IF YOU CHOSE 6 OR LOWER. How might you change your plan to make it possible to raise your number to 7 or higher?**

\_\_\_\_\_

\_\_\_\_\_

Follow-up Plan (how and when) \_\_\_\_\_

\_\_\_\_\_

### SHORT-TERM ACTION PLAN

In order to reach **goal #3** by 6 months, for the next 1-2 weeks I will:

(e.g. walk 3 times) \_\_\_\_\_

When I will do it (e.g. in the morning after breakfast) \_\_\_\_\_

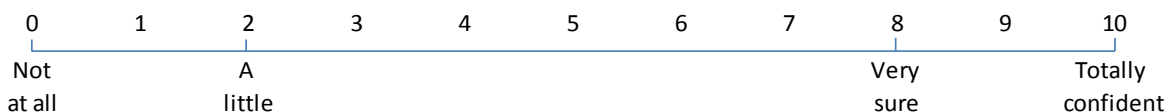
Where I will do it (e.g. around the block) \_\_\_\_\_

How often I will do it (e.g. Monday, Wednesday, & Friday) \_\_\_\_\_

What might get in the way of the plan (e.g. too cold outside) \_\_\_\_\_

What I can do about it (e.g. use the treadmill in the community center) \_\_\_\_\_

On a scale of 0 to 10, how sure or confident are you that you will be able to accomplish your plan? (10 meaning that you are completely sure, and 0 meaning you are not at all sure)



**ANSWER ONLY IF YOU CHOSE 6 OR LOWER. How might you change your plan to make it possible to raise your number to 7 or higher?**

Follow-up Plan (how and when) \_\_\_\_\_

### **SHORT-TERM ACTION PLAN**

In order to reach **goal #4** (*if needed*) by 6 months, for the next 1-2 weeks I will:

(e.g. walk 3 times) \_\_\_\_\_

When I will do it (e.g. in the morning after breakfast) \_\_\_\_\_

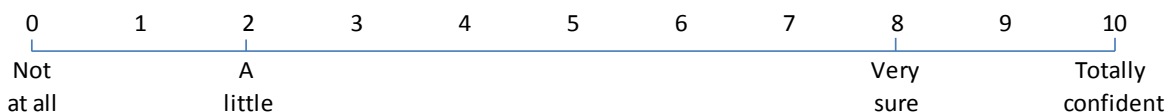
Where I will do it (e.g. around the block) \_\_\_\_\_

How often I will do it (e.g. Monday, Wednesday, & Friday) \_\_\_\_\_

What might get in the way of the plan (e.g. too cold outside) \_\_\_\_\_

What I can do about it (e.g. use the treadmill in the community center) \_\_\_\_\_

On a scale of 0 to 10, how sure or confident are you that you will be able to accomplish your plan? (10 meaning that you are completely sure, and 0 meaning you are not at all sure)



**ANSWER ONLY IF YOU CHOSE 6 OR LOWER.** *How might you change your plan to make it possible to raise your number to 7 or higher?*

Follow-up Plan (how and when) \_\_\_\_\_

### **SHORT-TERM ACTION PLAN**

In order to reach **goal #5** (*if needed*) by 6 months, for the next 1-2 weeks I will:

(e.g. walk 3 times) \_\_\_\_\_

When I will do it (e.g. in the morning after breakfast) \_\_\_\_\_

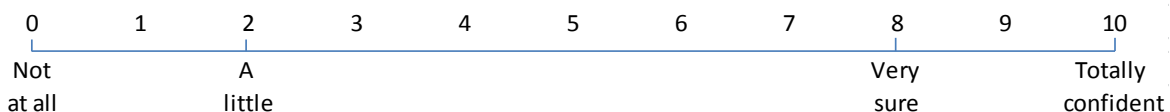
Where I will do it (e.g. around the block) \_\_\_\_\_

How often I will do it (e.g. Monday, Wednesday, & Friday) \_\_\_\_\_

What might get in the way of the plan (e.g. too cold outside) \_\_\_\_\_

What I can do about it (e.g. use the treadmill in the community center) \_\_\_\_\_

On a scale of 0 to 10, how sure or confident are you that you will be able to accomplish your plan? (10 meaning that you are completely sure, and 0 meaning you are not at all sure)



**ANSWER ONLY IF YOU CHOSE 6 OR LOWER.** *How might you change your plan to make it possible to raise your number to 7 or higher?*

Follow-up Plan (how and when) \_\_\_\_\_