HOW I WILL REDUCE MY RISK

EATING BETTER | ACTIVITY | REDUCING UNHEALTHY HABITS

My Goal (What I want to do – example: start exercising):

________________________________________________________

My Action Plan (How I will do this – example: walking):

________________________________________________________

My Commitment:
I, __________________________________, agree on ____________ (date)

__________________________

to __________________________

(activity, how often, length of time – example: walk 4x/week for 30 minutes)

by __________________________ (set a start date).

How likely are you to follow through with these activities?

Not Likely  1  2  3  4  5  6  7  8  9  10  Very Likely

What might get in the way of your completing these activities?

________________________________________________________

Solution(s) to the above barriers.

________________________________________________________