

Personal Action Plan

Date: _____

A. My action plan

What? _____

How much? _____

When? _____

How often? _____

B. My confidence level

How confident are you that you will complete these activities in the next week?

1	2	3	4	5	6	7	8	9	10
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Not at all
confident

Completely
confident



Review of the action plan

Date: _____

To what extent did you actually carry out the action plan that you developed?

1	2	3	4	5	6	7	8	9	10
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I did not carry out my
action plan at all

I carried out my action
plan completely

My successes and difficulties were:

