

My Personal Action Plan

I want to continue to live a healthy lifestyle to maintain my brain health.

I PLAN TO	
Do what?	How much? How Often?
Something you want to do! Example: Go for a walk.	Example: One block at least three mornings a week.

Ask yourself, "On a scale of 0 = no confidence to 10 = total confidence, how confident am I that I will complete my entire Action Plan?" If you rate your confidence below a 7, you might want to look at the barriers and consider reworking your action plan so that it's something you are confident that you can accomplish.

It's important that you succeed!

How confident are you that you will be successful?

0 1 2 3 4 5 6 7 8 9 10