

Name:	 	 	
Date: _			

Weekly Action Plan

3.

Creating your Weekly Action Plan

1. I would rate, on a scale of 1-10, How IMPORTANT is this new habit to you...

1 2 3 4 5 6 7 8 9 10

Very

Little

A Great

Deal

2. I would rate, on a scale of 1-10, How **CONFIDENT** are you that you will complete your goal...

1 2 3 4 5 6 7 8 9 10

Very
Little

A Great
Deal

3. I would rate, on a scale of 1-10, How READY are you to start your goal...

1 2 3 4 5 6 7 8 9 10

Very

Little

A Great

Deal

4. Brainstorm the seven (7) steps necessary to complete the 8 week Whole Health Goal:

1. 4.

5. 2.

6.

d. When will you do it?
2. 12 704 40 10 .
Sample Action Plan
Week #:
What?
How much?
How often?
When?
Importance level?
Confidence level?
Ready level?
6. Repeat Step 5. To create all 8 weekly goals you will need to complete in order to accomplish your WHOLE HEALTH GOAL. This will be your basic framework for success!

5. What is the first step you will be taking towards completing your goal in 8 weeks?

a. What will you do?

b. How much will you do?

c. How often will you do it?