

### Annual Wellness Visit—Action Plan

Name: \_\_\_\_\_

Date: \_\_\_\_\_

.....

## What I Will Do

Choose **One** Goal:

I will \_\_\_\_\_.

# 1

(Examples: increase my physical activity; take my medications; make healthier food choices; reduce my stress; reduce my tobacco use)

Choose **One** Action:

I will \_\_\_\_\_.

(Examples: walk more; eat more fruits and vegetables)

.....

## How Much/How Often

# 2

How much: \_\_\_\_\_

(Example: 20 minutes)

How often: \_\_\_\_\_

(Example: three times a week on Monday, Wednesday, and Friday)

.....

## Confidence

# 3

Circle a number to show how sure you are about doing the activity. Try to choose an activity that you are a 7 or above.

0 1 2 3 4 5 6 7 8 9 10

Not sure at all

Somewhat sure

Very sure

\_\_\_\_\_  
My signature

\_\_\_\_\_  
Health Care Provider signature

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