

Change Plan Worksheet

Name: _____ Age: _____ Date: _____

Area of change

Identify the specific area or behavior you want to change:

Reasons for change

List your reasons for wanting to make this change:

Goals for change

Define your short-term goals:

Define your long-term goals:

Barriers to change

Identify potential obstacles and how you plan to overcome them:

Strategies for change

Outline specific strategies or actions you will take to achieve your goals:

Support system

Identify individuals or groups who can support you in this change:

Measuring progress

How will you measure progress towards your goals?

Timeline

Set a timeline for achieving your goals:

Additional notes

Health professional's observations and recommendations

Observations and recommendations:

Name of health professional:

Signature of health professional:

Name of practice: