

Change Plan Worksheet

Name: _____ Age: _____

Date: _____ dd / mm / yyyy

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

Specify below:

HEALTH PROFESSIONAL'S OBSERVATIONS AND RECOMMENDATIONS

Observations and recommendations:

Name of health professional: _____

Signature of health professional:
Name of practice: _____