Living a Happy, Healthy Life
My Goals… My Plan

My Goals:
1)

2)

My Strengths: (For example: kind, helpful, hard-working)

Challenges: Things that could get in the way of me reaching my goals (for example: decreased energy, lack of family support, money)

My Team / Supports: Who can help me reach my goals? (For example: my doctor, family, friends, therapist)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which of these things may help me feel better?

Healthy Eating  Exercise Plan  Email My Team  Stress Reduction Group

Medicine / Pill Box  Talking  Journaling
1. Choose ONE of the things below to work on. Set simple goals and take small steps.

- Make time for activities I enjoy
- Reach out to people who can help me
- Do something kind for someone else each day
- Eat Healthier
- Exercise
- Other

2. Choose your confidence level:
How sure are you that you can stick to your plan? (If less than 7, consider changing plan)

- 10 VERY SURE
- 7 SURE
- 5 SOMEWHAT SURE
- 0 NOT SURE AT ALL

3. Fill in the details of your activity:

What: ____________________________________________
_______________________________________________

How Much: ______________________________________
_______________________________________________

When: __________________________________________

How often: ______________________________________

Where: _________________________________________
_______________________________________________

With whom: _____________________________________
_______________________________________________

Start Date: _____________________________

Follow-Up Date: _________________________

Best Way to Follow-Up: ________________