## I. My Action Plan

have agreed that	to improve my	high blood	pressure I will:

Choose TWO of the goals below (Be specific. When, how much and how often?)

## Goals What you'll need to do to implement this strategy. (e.g., walking for 10 minutes Mon, Wed, Fri after breakfast) Reduce **Increase** Take my Lower \_Improve Check my **Cut down** Your physical medications my food home blood on smoking salt in stress own idea: activity choices food pressure

Goal #1: Progress Indicated at	Goal #2: Progress Indicated at				
Benchmark	Benchmark				
How you know that you have made progress on your TWO goals. Elaborate on the details of what you'll do.	How you know that you have made progress on your TWO goals. Elaborate on the details of what you'll do.				
What:	What:				
How much:	How much:				
When:	When:				
How Often:	How Often:				
Where:	Where:				
Start Date:	Start Date:				
Follow-Up Date:	Follow-Up Date:				
Completion Date:	Completion Date:				
Best Way To Follow-Up:	Best Way To Follow-Up:				

Notes:

## **My Action Plan Calendar**

Draw a in the box for the days that the action plan was set. If the goal for that day is reached, draw a check
✓ inside the circle.
Coal #1.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15							
Week 16							

## Goal #2: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							
Week 13							
Week 14							
Week 15		_		_			
Week 16							

Download more sheets of this action plan at <a href="https://inspiredstudy.ucsf.edu/home">https://inspiredstudy.ucsf.edu/home</a> .