My Weekly Action Plan

Post-COVID-19
Interdisciplinary Clinical Care Network
Recovery | Care | Research | Education

Dates: __________________________

1. The action plan I will try this week is:
   __________________________________________________________________________
   __________________________________________________________________________

2. Describe the steps I will take:
   When ____________________________________________________________
   Where ____________________________________________________________
   How often _________________________________________________________

3. Barriers: What might get in the way of your plan?
   1) _______________________________________________________________________
   2) _______________________________________________________________________
   3) _______________________________________________________________________

4. Plans to overcome barriers: What could you do to deal with these barriers?
   1) _______________________________________________________________________
   2) _______________________________________________________________________
   3) _______________________________________________________________________

5. How important is the plan to you. Rate its importance on a scale of 1-10 (1 = not important, 10 = very important): _______
   How confident are you that you can complete the entire action plan? Rate your confidence on a scale of 1-10: _______

   _______________________________________________________________________
   _______________________________________________________________________

Remember to keep goals SMART!
S–Specific    M–Measurable    A–Achievable    R–Realistic    T–Timely