

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: _____

6. Self-evaluation: How did it go? Do I want to carry this plan forward? Could I make any adjustments?

Remember to keep goals **SMART!**

S-Specific

M-Measurable

A-Achievable

R-Realistic

T-Timely

