

# Change Plan Worksheet

Name:

Age:

Date:

## 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**

**Health Professional's Observations and Recommendations**

Observations and Recommendations:

**Name of Health Professional and Signature:**

**Name of Practice:**