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|--|---|--|--|---|
| SPECIFIC WHAT DO YOU WANT TO DO? | MEASURABLE HOW WILL YOU KNOW YOU MET YOUR GOAL? | ATTAINABLE DO YOU HAVE THE TOOLS YOU NEED? | RELEVANT WILL THIS GOAL IMPROVE YOUR LIFE? | TIMELY WHEN WILL YOU ACHIEVE THIS GOAL? |
|--|---|--|--|---|

CHOOSE ONE: MY HEALTHY EATING OR ACTIVE LIVING GOAL

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ACTION PLAN WORKSHEET

THE ACTION STEPS I NEED TO TAKE TO ACHIEVE MY HEALTHY EATING OR ACTIVE LIVING GOAL:

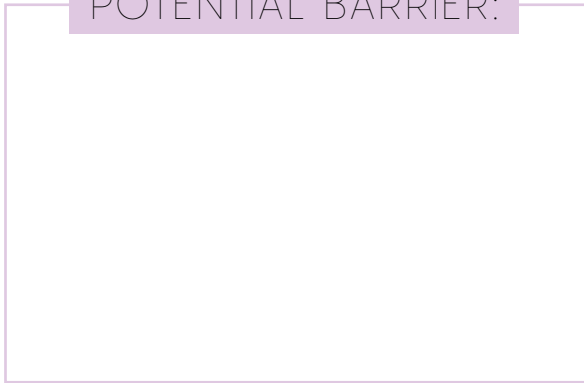
ACTION STEP ONE:

ACTION STEP TWO:

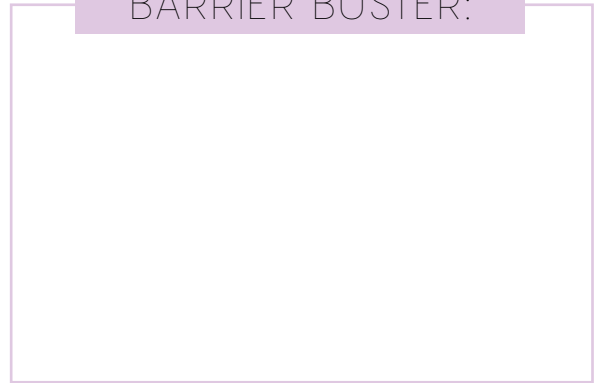
ACTION STEP THREE:

IDENTIFY HIGH RISK SITUATIONS, ENVIRONMENTS, PEOPLE AND EMOTIONS THAT CAN LEAD TO A LAPSE IN YOUR ACTION PLAN.

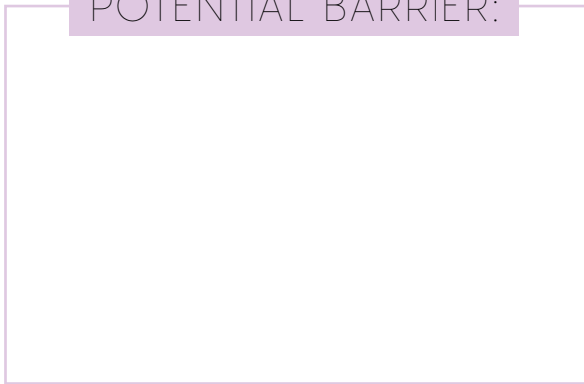
POTENTIAL BARRIER:

A large, empty rectangular box with a thin purple border, intended for writing a potential barrier.

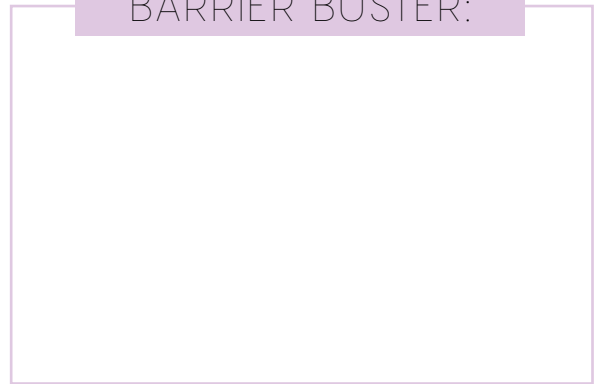
BARRIER BUSTER:

A large, empty rectangular box with a thin purple border, intended for writing a barrier buster.

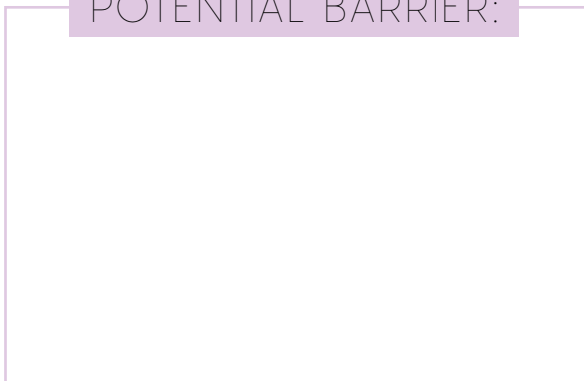
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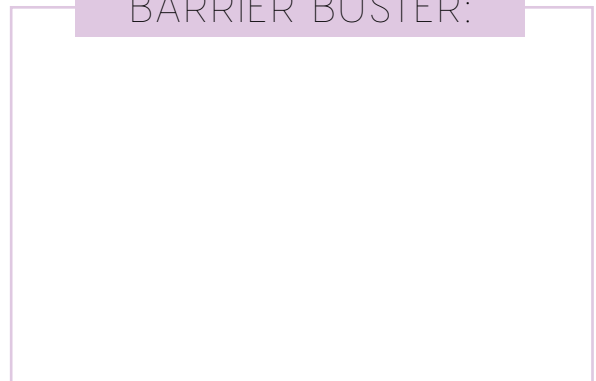
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