**Your plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  |  | **Your appointment was with:** |
|  |  |  |  |
|  |
| **We talked about:** |
|  |
|  |
| **My goals** |  |  | **My actions** |
| **What do you want to do?** |  |  | **What exactly are you going to do?** |
| **What might be difficult?** |  |  | **What will help you?** |
| **How important is it to you?** |  |  | **How confident do you feel?** |
| Thumbs Down with solid fill | Quite important | Thumbs up sign with solid fill |  |  | Thumbs Down with solid fillNot important | Quite important | Thumbs up sign with solid fillVery important |
| Not important | Very important |
|  |  |  |  |  |
| **Review**  |
| **When: Where:** |