

# My Personal Action Plan

I want to continue to live a healthy lifestyle to maintain my brain health.

I PLAN TO	
Do what?	How much? How Often?
Something you want to do! Example: <b>Go for a walk.</b>	Example: <b>One block at least three mornings a week.</b>

Ask yourself, "On a scale of 0 = no confidence to 10 = total confidence, how confident am I that I will complete my entire Action Plan?" If you rate your confidence below a 7, you might want to look at the barriers and consider reworking your action plan so that it's something you are confident that you can accomplish.

It's important that you succeed!

**How confident are you that you will be successful?**

**0 1 2 3 4 5 6 7 8 9 10**