My I-SMART 
Action Plan for Chronic Conditions

Inspiring - Specific Measurable Achievable Relevant Time-specific

**Inspiring:** What is most important to YOU to work on?

_________________________________________________________

On a scale of 0-10, how important is this to you?

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**Specific:** What will you do? Where will you do it? When will you do it?

_________________________________________________________

**Measurable:** How much will you do? How often will you do it?

_________________________________________________________

**Achievable:** What barriers, if any, do you expect to face? How will you overcome these barriers?

_________________________________________________________

On a scale of 0-10, how confident are you that you can complete this specific plan?

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**Relevant:** How will this step help you achieve your overall goal?

_________________________________________________________

**Time-Specific:** How long will you do this experiment?

_________________________________________________________
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Action Plan for Chronic Conditions

**Inspiriting - Specific Measurable Achievable Relevant Time-specific**

**Reward:**
I will reward myself by:

________________________________________________
________________________________________________
________________________________________________
________________________________________________

**My I-SMART Plan:**

________________________________________________
________________________________________________
________________________________________________
________________________________________________

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MM Funnell