

Name: _____

Date: _____



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?

0 1 2 3 4 5 6 7 8 9 10

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?

0 1 2 3 4 5 6 7 8 9 10

Relevant:

How will this step help you achieve your overall goal?

Time-Specific:

How long will you do this experiment?

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Reward:

I will reward myself by:

My I-SMART Plan:
