



The 10 Building Blocks of Primary Care

My Action Plan

Background and Description

The Action Plan is a tool used to engage patients in behavior-change discussion with a clinician or health coach. Using an action plan, patients set a goal for a behavior that they wish to change, and clinicians/coaches engage patients in a discussion of an action plan that can help the patient fulfill the goal. Action plans should be patient-driven, specific, and realistic (patients have a high confidence level of success of the plan).

Instructions

Ask the patient what he/she would like to do to improve his/her health (e.g. physical activity, improving food choices, taking medications, reducing stress, cut down on smoking, or a goal of their choice). Ask more about specific details and record these details on the action plan form (what, how much, when, how often, where, and with whom). Once the patient identifies a specific action plan, ask the patient to assess his/her confidence level in achieving the action (using a scale of 0-10). If the confidence level is less than 8, ask how the goal can be changed to increase a confidence level of 8 or more.

UCSF Center for Excellence in Primary Care

The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care.

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MY ACTION PLAN

DATE: _____

I _____ and _____
have agreed that to improve my health I will:

1. Choose ONE of the activities below:



_____ Work on something that's bothering me:



_____ Stay more physically active!



_____ Take my medications.



_____ Improve my food choices.



_____ Reduce my stress.



_____ Cut down on smoking.

2. Choose your confidence level:

How sure are you that you can do the action plan? (if < 7, then change plan)



10 VERY SURE

7 SURE

5 SOMEWHAT SURE

0 NOT SURE AT ALL

3. Fill in the details of your activity:

What: _____

How much: _____

When: _____

How often: _____

Where: _____

With whom: _____

Start Date: _____

Follow-Up Date: _____

Best Way to Follow-Up: _____

Action Plan Calendar

Draw a ○ in the box for the days that the action plan was set. If the goal for that day is reached, draw a check ✓ in the circle.

| | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
|--------|-----|-----|-----|-------|-----|-----|-----|
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |
| Week 5 | | | | | | | |
| Week 6 | | | | | | | |
| Week 7 | | | | | | | |
| Week 8 | | | | | | | |

Did you face any challenges doing this plan? If yes, explain below.

MI PLAN DE ACCIÓN

Fecha: _____

Yo _____ y _____

hemos acordado que para mejorar mi salud, voy hacer lo siguiente:

1. Escoja UNA de las siguientes opciones:



_____ Trabajar en algo que me este molestando:



_____ Mantenerme más activo!



_____ Tomar mis Medicamentos.



_____ Mejorar mis decisiones alimenticias.



_____ Reducir mi nivel de estrés.



_____ Fumar menos.

2. Escoja su nivel de confianza:

¿Qué tan seguro(a) está usted de poder cumplir con su plan de acción?
(si < 7, cambie el plan)



10 Muy Seguro(a)

7 SEGURO(A)

5 Un poco seguro(a)

0 Nada Seguro(a)

3. Llene los detalles de su actividad:

Qué va a hacer: _____

Cuánto: _____

Cuándo: _____

Con qué frecuencia: _____

Dónde: _____

Con Quién: _____

Fecha de comienzo: _____

Fecha para revisar el plan: _____

Mejor manera para contactarlo(a): _____

Calendario de Plan de Acción

Marque con un círculo "O" los cuadros de los días que fijó para hacer su plan de acción. Si cumplió su meta para ese día, márquelo con una palomita ✓ dentro del círculo.

| | Lunes | Martes | Miércoles | Jueves | Viernes | Sábado | Domingo |
|----------|-------|--------|-----------|--------|---------|--------|---------|
| Semana 1 | | | | | | | |
| Semana 2 | | | | | | | |
| Semana 3 | | | | | | | |
| Semana 4 | | | | | | | |
| Semana 5 | | | | | | | |
| Semana 6 | | | | | | | |
| Semana 7 | | | | | | | |
| Semana 8 | | | | | | | |

¿Encontró obstáculos haciendo este plan? Explique.
