



# CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ACTION PLAN

## MY ACTION PLAN

Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.)

Action: A specific activity that you are going to do in the next 1 to 2 weeks. (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.)

What you will do (the behavior):

How much you will do (time, distance, or amount of activity):

When you will do it (time of day):

How often you will do it (number of days per week):

How important is it to you that you complete the action plan you made above? (Fill in your response.)

Not at all important      1   2   3   4   5   6   7   8   9   10      Totally important  
                          

How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)

Not at all confident      1   2   3   4   5   6   7   8   9   10      Totally confident  
                          

Things that might make it hard:

Ways I might overcome these problems:

Follow-up plan (phone or e-mail and date/time):