

My Personal Plan to Change

What is my **goal**?

Develop as clear and specific a vision as possible of what you would like to achieve.

Step 1	Start Date
Step 2	Start Date
Step 3	Start Date

What makes this goal important to me?

What will I have if I achieve my goal?

What will happen if I don't achieve my goal?

How motivated am I? What can I do to stay motivated?

What obstacles can get in my way?	How can I overcome them?
Obstacle 1	
Obstacle 2	
Obstacle 3	

What resources are available to me?

How can I build my support network?

What structures will I put in place to help me achieve these goals?

What reminders will I put in place?

Which small step will I take today?

How will I make sure I take these steps?

What else do I need?

Please sign here:

Signature

Date

Witness signature

Date

Keep this form where you can easily find it. Review it often to help you reach your goal of having healthy feet.

For additional information, visit www.WoundsCanada.ca

This form is meant as a tool only and is not meant to be used for any diagnostic or therapeutic decisions. Specific medical concerns should be directly handled by a qualified healthcare professional.