**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Action Plan Reflection**

(25 marks)

1. Did I accomplish my goal? (1)

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1. How do I know that I have accomplished my goal? (2)

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1. How do I feel now that I have completed my action plan? (2)

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1. How has the change affected my health? (3)

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1. How has the change affected my family’s health? (2)

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1. How has the change affected the health of my community? (2)

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1. Was anyone affected that I did not expect to be? (1)

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1. Was the location of my action plan a good environment to make a change? Why or why not? (2)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What were my biggest obstacles? (2)

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 10. How did I work past my obstacles? (2)

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11. Was the addiction I chose a good idea? Why or why not? (2)

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12.Now that my action plan is completed, will I continue working on my goal? How? (2)

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13.Other information I would like to share about my action plan. (successes, struggles, frustrations, supports, overall health) (2)

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