

Action Plan Feedback

- What am I going to do?

- When am I going to do it and how often?

- What problems/difficulties could arise and how can I overcome them?

- On a scale of 1-10 , how achievable is my goal?

1	2	3	4	5	6	7	8	9	10
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- How did this goal affect my mood or make me feel?

- Was the goal easy or difficult to achieve? Yes/No

- What do you want to achieve next month?

