

Action Plan

The specific goal or activity I plan to work on:

Timeline for completing goal:

Steps to help me accomplish my goal:

Possible barriers and ways to overcome them:

How important is this goal to you?

Not Very Important 1 2 3 4 5 6 7 8 9 10 Very Important

How likely are you to complete these steps?

Not Very Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

Tracking your progress:

What progress did you make towards your goal this week?

Exceeded Met Partially Met Did Not Attempt

What went well?

What challenges came up?

Action Plan

Next Steps

- Option 1: **Continue** with your plan as is—keep doing what you are doing.
- Option 2: **Modify** your plan to better meet your needs.
- Option 3: **Use a different skill** that better meets your needs.

Next Steps—Notes

Other Skills

Questions to think about:

- Are these skills working for you?
- Do you see any changes needed for these skills?

Next Steps— Plans to use these skills

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- Are these skills working for you?
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Next Steps— Plans to use these skills




Monitoring Activity/Mood: Daily Monitoring Form

List two activities you would like to accomplish this week:

1. _____

2. _____

- 1) For each day, check the yes or no box in the Activity 1 and 2 columns to show whether you completed each activity.
- 2) Rate your mood at the end of the day.

	Activity 1	Activity 2	How was I feeling that day?				
							
Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




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Monitoring Activity/Mood: Hourly Monitoring Form

Instructions: Choose 1 day and keep track of your activity and mood:

1. Write down what you were doing each hour
2. Rate how you were feeling each hour

<i>time</i>	What was I doing?	What was I feeling?   
8:00am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9:00am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10:00am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11:00am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9:00pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Identifying Unhelpful Thoughts

	Situation #1:	Situation #2:
Original thoughts		
Situation <i>What actually happened? Where? When? How?</i>		
Thoughts <i>What thoughts went through your mind? What views did you have about yourself, your future, or others?</i>		
Feelings <i>What emotions did you feel at the time?</i>		
Behaviors <i>What did you do in response? Also include any withdrawal of activities – like staying at home or staying in bed.</i>		
New thoughts		
New/Alternative thoughts <i>What is another, more helpful, way to think about this situation?</i>		
New Feelings <i>What emotions did you feel after identifying alternative thoughts</i>		

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Evaluating My Unhelpful Thoughts

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Thoughts <i>What thoughts went through your mind? What views did you have about yourself, your future, or others?</i>		
Feelings <i>What emotions did you feel at the time?</i>		
Behaviors <i>What did you do in response? Also include any withdrawal of activities – like staying at home or staying in bed.</i>		
Evidence		
Evidence to support the thought <i>What has happened to make you believe this thought is true?</i>		
Evidence that does not support the thought <i>What has happened to prove the thought is NOT true?</i>		
New Thoughts		
New/alternative thought <i>What is another, more helpful, way to think about this situation?</i>		
New feelings <i>What emotions did you feel after identifying the new/balanced thought?</i>		

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