

BRAIN HEALTH ACTION PLAN

Use this action planning template to set and track your goals for improving your brain health.



Name: _____ Date: _____

1. Which brain-healthy habit will you focus on?

- ☐ Be more physically active
- ☐ Challenge my brain/ Learn something new
- ☐ Use proper equipment to protect my head and prevent falls
- ☐ Choose healthier meals and snacks e.g., vegetables, leaner meats/proteins
- ☐ Quit tobacco and nicotine
- ☐ Sleep well and follow the 10-3-2-1-0 sleep rule
- ☐ Be social and connect with others
- ☐ Get screened for and manage chronic diseases e.g., diabetes and blood pressure
- ☐ Take care of my mental health
- ☐ Get annual hearing and vision screenings

2. How confident do you feel about sticking to an action plan?

How sure are you that you can do the action plan? **(if less than 7, consider changing your plan)**

- | | |
|---|--|
| <input type="checkbox"/> 10 - Very Sure | <input type="checkbox"/> 5 - Somewhat Sure |
| <input type="checkbox"/> 7 - Sure | <input type="checkbox"/> 0 - Not Sure At All |

Learn more at: boston.gov/bphc-brainhealth



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3. Write down the details of how you will take action to make new brain-healthy habits stick.

What steps will you take to form the habits you selected on Page 1?

Brain-healthy habit: _____

How much: _____

When: _____

How often: _____

Where: _____

With whom: _____

Start date: _____

Potential challenges: _____

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Action Plan Calendar

Draw a circle in the box for each day you set a goal to complete your brain-healthy habit. Draw a check mark in the circle for each day that you meet your goal.



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							

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4. Reflection

- *How many days did you meet your goal?*
- *What challenges did you experience, and how did you overcome these challenges?*
- *What habits do you plan to work on next?*
