Changing habits takes time. You can do it, one step at a time.

Preparing to exercise

Stage of change  Preparation

3

What could interfere with my plan?

Setting a goal is one of the keys to success. Make it small, clear, and doable.

Name one possible obstacle to exercising regularly. ______________

What can you do to prevent it from being a problem? ______________

Who can help you stay on track?

How can this person help? ______________

What is my next step?

Here are some ideas to make exercise a way of life. Check any that apply and/or add your own.

- [ ] I will take the stairs instead of the elevator.
- [ ] I will walk instead of driving.
- [ ]

This pamphlet is for you if you are ready to start exercising.

Joan Thompson, PhD, MPH, RD, CDE
jthompson@laclinica.org

La Clínica de La Raza is a grantee of the Diabetes Initiative, Advancing Diabetes Self Management, a national program of the Robert Wood Johnson Foundation.

The enclosed material was prepared and assembled by Lumetra, California’s Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contract number HHSM-500-200-CA02. The contents do not necessarily reflect CMS policy. 8SOW-CA-1D2-06-16
Setting a goal is one of the keys to success. Make it small, clear, and doable.

To know if this is the right goal for you, answer the following questions.

**What is my exercise goal?**

- [ ] __________
- [ ] __________

**Is this the right goal for me?**

To know if this is the right goal for you, answer the following questions.

**How important is this goal to me?**

1 2 3 4 5 6 7 8 9 10

- [ ] ☹
- [ ] ☹
- [ ] ☹
- [ ] ☹

**How confident am I that I can meet this goal?**

1 2 3 4 5 6 7 8 9 10

- [ ] ☹
- [ ] ☹
- [ ] ☹

Did you choose a number less than seven? If so, you need to think again about the goal you chose.

Is it small, doable, and realistic? If not, set another one.

**What motivates me?**

You have made an important decision. Let's look at why you made this decision. Check any that apply and/or add your own.

- [ ] I want to have more energy.
- [ ] I want to lose weight.
- [ ] I want to lower my blood sugar (or blood pressure, or cholesterol).

**When will you start?**

- __________

**For how long?**

- __________

**How many times a week?**

- __________

**What type of exercise will you do?**

- __________

**What days of the week will you do it?**

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
</table>

- __________