Full Circle Plan

Three areas that I want to change in my dietary patterns include:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

My goals include: ____________________________________________

_________________________________________________________________

Time Period: ______________________________________________________________________

How Often (ex. Daily, one time per week): ______________________________________________________________________

How much (ex. ½ cup, 1 cup): ______________________________________________________________________

Where (ex. Home, work, restaurant): ______________________________________________________________________

With Whom (friend, family member): ______________________________________________________________________

The 3 challenges that I will most likely encounter in my efforts to reach my dietary goals include:

Challenge #1: ______________________________________________________________________

Challenge #2: ______________________________________________________________________

Challenge #3: ______________________________________________________________________

I will manage my challenges in order to prevent them from affecting my ability to meet my goal

To manage Challenge 1, I will ______________________________________________________________________

To manage Challenge 2, I will ______________________________________________________________________

To manage Challenge 3, I will ______________________________________________________________________

How sure are you that you will be able to do your action plan?

1 2 3 4 5 6 7 8 9 10

Signature:

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