



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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