SELF CONTRACTS FOR RISK FACTOR INTERVENTION

PRACTICE NAME _____

Patient Name _____ Date _____

Self-Contract Fitness

CURRENTLY, each week, I exercise: _____ Minutes per day _____ Times per week _____ Activity

TEN WEEK GOAL _____

ACTION: This week, I will exercise: _____ Minutes per day _____ Times per week _____ Activity

Every two weeks I will add _____ minutes per day or add another day.

How certain are you that you will complete the above contracts this week? (Mark number that describes confidence level.)

Not at all Confident			Slightly Confident			Fairly Confident			Very Confident	
0	1	2	3	4	5	6	7	8	9	10

REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.

Self-Contract Other "Substances" (Smoking)

CURRENTLY, I smoke _____

TEN WEEK GOAL_____

ACTION: This week, I will _____

How certain are you that you will complete the above contract this week? (Mark number that describes confidence level.)

Not at all Confident			Slightly Confident			Fairly Confident			Very Confident	
0	1	2	3	4	5	6	7	8	9	10

REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.

Self-Contract Body Weight

CURRENTLY, I weigh _____ **TEN WEEK GOAL** _____

ACTION: This week, I will _____

How certain are you that you will complete the above contract this week? (Mark number that describes confidence level.)

Not at all Confident			Slightly Confident			Fairly Confident			Very Confident	
0	1	2	3	4	5	6	7	8	9	10

REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.