

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Section: \_\_\_\_\_

# BEHAVIOR CHANGE CONTRACT

Complete the Assess Yourself questionnaire. After reviewing your results and considering the various factors that influence your decisions, choose a health behavior that you would like to change, starting this quarter or semester. Sign the contract at the bottom to affirm your commitment to making a healthy change and ask a friend to witness it.

My behavior change will be:

\_\_\_\_\_

My long-term goal for this behavior change is:

\_\_\_\_\_

These are three obstacles to change (things that I am currently doing or situations that contribute to this behavior or make it harder to change):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The strategies I will use to overcome these obstacles are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Resources I will use to help me change this behavior include:

a friend/partner/relative: \_\_\_\_\_

a school-based resource: \_\_\_\_\_

a community-based resource: \_\_\_\_\_

a book or reputable website: \_\_\_\_\_

In order to make my goal more attainable, I have devised these short-term goals:

short-term goal	target date	reward
short-term goal	target date	reward
short-term goal	target date	reward

When I make the long-term behavior change described above, my reward will be:

\_\_\_\_\_ target date: \_\_\_\_\_

I intend to make the behavior change described above. I will use the strategies and rewards to achieve the goals that will contribute to a healthy behavior change.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

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To submit the completed worksheet, save it to your computer and email it to your instructor or upload it to their digital dropbox as directed.