AC1	ΓION	PLAN	CARD	#	
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Name: Date:

Activity you are <u>or</u> are not doing (e.g., exercise):
Associated thought/emotion with the above activity:
Benefits of this activity:
Possible barriers to doing this activity:
Plan to overcome these barriers:
1.
2.
2.
2. 3.
2. 3. 4.
2. 3. 4. 5.
2. 3. 4. 5. 6.
2. 3. 4. 5. 6. 7.