

Touch for Health Action Plan Checklist

Goals for the week of: _____

1. _____
2. _____
3. _____

Balancing Activities

	Mo	Tu	We	Th	Fr	Sa	Su
On Rising							
1. _____	[]	[]	[]	[]	[]	[]	[]
2. _____	[]	[]	[]	[]	[]	[]	[]
3. _____	[]	[]	[]	[]	[]	[]	[]
Mid-Day							
1. _____	[]	[]	[]	[]	[]	[]	[]
2. _____	[]	[]	[]	[]	[]	[]	[]
3. _____	[]	[]	[]	[]	[]	[]	[]
Evening							
1. _____	[]	[]	[]	[]	[]	[]	[]
2. _____	[]	[]	[]	[]	[]	[]	[]
3. _____	[]	[]	[]	[]	[]	[]	[]
On Retiring							
1. _____	[]	[]	[]	[]	[]	[]	[]
2. _____	[]	[]	[]	[]	[]	[]	[]
3. _____	[]	[]	[]	[]	[]	[]	[]
Dietary Awareness							
1. _____	[]	[]	[]	[]	[]	[]	[]
2. _____	[]	[]	[]	[]	[]	[]	[]
3. _____	[]	[]	[]	[]	[]	[]	[]