

FREE FROM FALLS

A COMPREHENSIVE FALL PREVENTION PROGRAM FOR PEOPLE WITH MS

Action Plan

My goal to reduce my risk of falling	Goal:
Steps I will take to meet my goal:	What? When? How often?
Benefits I will get from meeting this goal:	
Barriers that might get in my way:	
How I will overcome these barriers:	
Who can help me with my goal? How?	

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Date I will check my progress:	
How I will reward myself for meeting my goal:	
My confidence that I will meet my goal:	<p>Circle the number that most closely matches your confidence level</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Not confident Totally confident</p>

Post this plan where you can see it every day!