

**THE PERMANENTE MEDICAL GROUP: Managing Your Headaches**  
**My Headaches Caused by Neck Problems**  
**Action Plan**



The action I want to try first is: \_\_\_\_\_

**How Ready Am I?**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<i>Not Ready</i>										<i>Ready</i>

**If you chose 0 - 3**

What might need to be different for me to consider making a change in the future? Is there something different I feel ready to try right now?

**If you chose 4 - 6**

What are the pros and cons of making this change? (See "I'm not sure if I'm ready..")

**If you chose 7 - 10**

What is my goal? (See "I'm ready to take action!" and note your plan below)

<b>My Goal</b> <i>Note what you will do, how long, when and how often you'll do it.</i>	<b>Steps to Success</b> <i>Note ideas for staying on track toward your goal.</i>
<p><b>Example:</b></p> <ul style="list-style-type: none"> <li>• I will walk 20 minutes every day at work before lunch to increase my physical activity</li> </ul>	<p><b>Example :</b></p> <ul style="list-style-type: none"> <li>• Keep shoes and socks in my desk</li> <li>• Write this as an appointment on my calendar</li> <li>• Find a walking partner</li> </ul>
<p><b>How I'll reward myself:</b></p>	