

Burnout Behavior Contract

My level of burnout is: **LOW** **MEDIUM** **HIGH** **CRITICAL**

Based on an awareness of my health status, I, _____
have decided to set the following behavior-related health goal.

My health behavior goal is _____

(long-term SMART goal)

The advantages of my achieving this goal are _____

The anticipated difficulties in taking positive action are _____

The behaviors I will adopt to accomplish this personal health goal are _____

(short-term SMART goals)

I will reinforce my actions by _____

_____ and reward achievement of my goal by _____

If I fail to achieve this health improvement goal, I will ask for help.

I, _____, have reviewed this contract and agree to be a part of a positive support system throughout this behavior change project.

Signed _____ Date _____

I have reviewed this contract and agree to take action to accomplish my goal and to discuss the results with my positive advocate. Upon completion of this contract I will identify my next area of opportunity and take further steps to improve my health status.

Signed _____ Date _____