**Name**: Click here to enter text.

**HEALTH BELIEF MODEL**

|  |  |  |
| --- | --- | --- |
|  | **Considerations (client’s perspective)** | **Potential strategies** |
| **Perceived Susceptibility** | Click here to enter text. | Click here to enter text. |
| **Perceived Severity** | Click here to enter text. | Click here to enter text. |
| **Perceived Benefits** | Click here to enter text. | Click here to enter text. |
| **Perceived Barriers** | Click here to enter text. | Click here to enter text. |
| **Cues to Action** | Click here to enter text. | Click here to enter text. |
| **Self-efficacy** | Click here to enter text. | Click here to enter text. |