Self-Management Support Tool

HEALTHY CHANGES PLAN

Name: ___________________________________________ Date: _______________
Phone: ___________________________

The healthy change I want to make is (very specific: What, When, How, Where, How Often):

My goal for the next 2 months is:

The steps I will take to achieve my goal are:

The things that could make it difficult to achieve my goal include:

My plan for overcoming these difficulties includes:

Support/resources I will need to achieve my goal include:

My confidence that I can achieve my goal: (scale of 1-10, 1 being not confident at all)

Review date: __________________________with _______________________

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