



Self-Management Support Tool

HEALTHY CHANGES PLAN

Name: _____ Date: _____

Phone: _____

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

My goal for the next month 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 with 1 being not confident at all, 10 being extremely confident) _____

Review date: _____ with _____

