

Managing My Health



Self-Management Support Tool

Healthy Changes Plan

Health Care Provider: _____

Name: _____ Date: _____ Phone: _____

The healthy 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 _____

