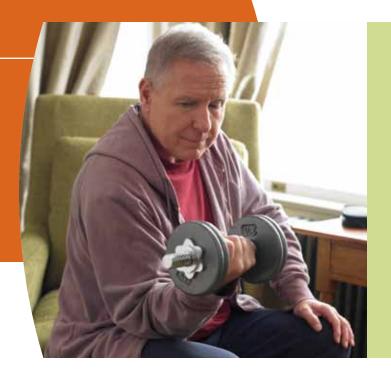
Managing My Health



Self-Management Support Tool

Healthy Changes Plan

| Health Care Provider: | | | |
|-------------------------------------|------------------------------|--|--------|
| Name: | Date: | Phone: | |
| The healthy change I want to m | ake 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 could | , , | nclude: | |
| My plan for overcoming these d | | | |
| Support/resources I will need to | achieve my goal include: | | |
| | | being not confident at all, 10 being extremely confi | ident) |
| Review date: | with | | |

