

# Self-Management Action Plan

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

**GOAL: What is something I want to work on?**

**Provide a goal description. What are you going to do?**

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HOW?	WHEN?	WHERE?	FREQUENCY?

How ready am I to work on this goal?

1 2 3 4 5 6 7 8 9 10



How confident am I to work on this goal?

1 2 3 4 5 6 7 8 9 10



**Challenges: What barriers are in the way and how will I overcome them?**

- 1.)
- 2.)
- 3.)

**What supports do I need?**

- 1.)
- 2.)
- 3.)

**Follow-up and next steps:**

- 1.)
- 2.)
- 3.)