

Name_____

DOB_____

Self Management Goal Worksheet

Date_____

What change would you like to work on to improve your health?

When you think about making the change think about how it will affect you or your family.

	If I stay the same,	If I make some improvement,
Benefits	I will like...	I will like...
Costs	I won't like...	I won't like...

How important is it right now for you to change? (please circle)

Not important 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 *Very important*

How confident are you right now that you could make this change?

Not confident 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 *Very confident*

Now think about setting a goal to accomplish your healthy change. It can help to set a SMART goal (Specific, Measurable, Achievable, Realistic and Time framed)

For example: instead of- I will exercise more, try - I will take a walk on my lunch break and when I get home with the dog for 20 minutes four times per week for the next 6 weeks.

Goal:

What are the barriers to achieving this goal?

What are solutions?

Patient signature_____ Witnessed by_____