

Self-Management Goal Tracking Form

Name of Participant: _____

Identification Number: _____

Address: _____

Promotora: _____

- Scoring:**
- 1 = Goal set but not started**
 - 2 = Sometimes**
 - 3 = Usually**
 - 4 = Always/almost always**

	Date SMG Set	Today's Date	Score						
Meal Planning									
Exercise									
Self Monitoring									
Medication Management									