## **Self-Management Support Tool**

## HEALTHY CHANGES PLAN

Name:		Date:	_
Phone:			
The healthy change I want	to make is (very specific: W	hat, When, How, Where, How Ofte	n):
My goal for the next 2 mo	onths is:		
The steps I will take to acl	nieve my goal are:		
The things that could mak	e it difficult to achieve my go	al include:	
My plan for overcoming the	nese difficulties includes:		
Support/resources I will no	eed to achieve my goal includ	e:	
My confidence that I can	achieve my goal: (scale of 1-1	0, 1 being not confident at all)	
my confidence that I can a	temove my godi. (sedie of 1-1	o, i come not confident at any	
Review date:	with		

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