

Self-Management Support Tool Healthy Changes Plan

Healthy Tips:

- Be physically active
- Take your medications & keep your appointments
- Don't drink or use drugs
- Find ways to relax
- Make time for things you enjoy
- Get the right amount of sleep
- Eat a healthy diet

Physical Activity Goals

My plan is to spend at least _____minutes doing _____ for _____ days each week.

Pleasurable Activity Goals

I will spend at least _____minutes doing _____ for _____ days each week.

Social Support Goals

During the next few weeks I will make contact for at least _____minutes with:

_____ (name) doing/talking about _____

_____ (name) doing/talking about _____

_____ (name) doing/talking about _____

Specific changes I want to make are: (please be specific-What, How,When,Where, How Often).

Put in order of importance:

1. _____
2. _____
3. _____

One thing that can keep me from reaching my goals and what I will do about it:

The steps I will take to achieve my goals and the resources and support I will need to achieve them:

How confident I am that I can reach these goals: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not at all confident		A little confident			Somewhat confident		Very Sure		Totally confident	