


SELF-MANAGEMENT ACTION PLAN

Patient Name:		Date:	
Staff Name:	Staff Role:	Staff Contact Info:	
Goal: <i>What is something you WANT to work on?</i> 1. 2.			
Goal Description: <i>What am I going to do?</i>			
How:			
Where:			
When:		Frequency:	
How ready/confident am I to work on this goal? (Circle number below)			
Not  Very Ready 1 2 3 4 5 6 7 8 9 10 Ready			
Challenges: <i>What are barriers that could get in the way & how will I overcome them?</i> 1. 2. 3.			
What Supports do I need? 1. 2. 3.			
Follow-up & Next Steps (Summary): 1. 2. 3.			

