


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)			
<div style="display: flex; align-items: center; gap: 10px;"> Not Ready  Very Ready </div>			
<div style="display: flex; justify-content: space-between; width: 100%;"> 1 2 3 4 5 6 7 8 9 10 </div>			
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.			