

Name _____

DOB _____

Self-Management Goal Worksheet

Date _____

What change would you like to work on to improve your health?

When you think about making the change think about how it will affect you or your family.

	If I stay the same,	If I make some improvement,
Benefits	I will like that... (ex: I can drink soda)	I will like that... (ex: I will have more energy)
Costs	I won't like that... (ex: I keep having problems with my blood sugar)	I won't like that... (ex: I must pay for a gym membership)

If more space required – use see back side.

How important is it right now for you to change? (please circle)

Not important 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 *Very important*

How confident are you right now that you could make this change?

Not confident 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 *Very confident*

SET A SMART GOAL

Now think about setting a goal to accomplish your healthy change. It can help to set a SMART goal (Specific, Measurable, Achievable, Realistic and Time framed)

For example: instead of- I will exercise more, try - I will take a walk on my lunch break and when I get home with the dog for 20 minutes four times per week for the next 6 weeks.

Goal:

What are the barriers to achieving this goal?

What are solutions?

Patient signature _____ Witnessed by _____