

SELF MANAGEMENT





Goal Setting/Action Planning

Is there anything you want to change about your health and/or well-being?

| If yes: | | | | |
|------------|--|--|-----|--|
| 1. What | . What would you like to do? | | | |
| 2. How l | How long or how much (minutes, servings etc.)? | | | |
| 3. Numb | . Number of times per week? | | | |
| 4. When | ? | | | |
| What strat | tegies will help you a | chieve your action plan? | | |
| | · | u will achieve your action plan? | | |
| If yo | ur confidence is less | LO = totally confident) than 7, what could you change in your action plan to increase your confide essful? | nce | |
| • | rtant is the action pl nportant; 10 = totally | an for you? important) | | |
| | Check Off | Comments | | |
| Monday | | | | |
| Tuesday | | | | |
| Wednesda | ıy | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |



Last Updated: October 2018

