Self-Management SMART Goals

Specific  Measurable  Attainable  Realistic  Timely

Name_________________________  Date _____________

The healthy change I want to make is (remember to be specific)

Here is what I can do:

____________________________________________________________________________________

How much:

____________________________________________________________________________________

When:

____________________________________________________________________________________

How often:

____________________________________________________________________________________

The things that could make it difficult to achieve my goal include:

____________________________________________________________________________________

My plan for overcoming these difficulties includes:

____________________________________________________________________________________

Support and resources I will need to achieve my goal include:

____________________________________________________________________________________

On a scale of 1-10 how sure are you that you can achieve this goal?


Not sure  Very Sure
1  2  3  4  5  6  7  8  9  10

Follow up date:_____________  With _______________

(health team member)

How often did [patient name here] achieve goal?

_______% of time