



What Health GOAL do you have for yourself?

WV Adolescent Self-Management

ACTION PLAN

What is one small step

YOU WILL take towards your goal this week?

- What will you do? :

\_\_\_\_\_

- When will you do it? :

\_\_\_\_\_

- How much or How often?:

\_\_\_\_\_

What would help you succeed?

\_\_\_\_\_

How confident are you?  
(That you will complete your Action Plan)

NOT 1 2 3 4 5 VERY



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|           | Check Off | Comments |
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