

Patient name: _____

DOB: _____

Today's date: _____

My Depression Self-Management Goals



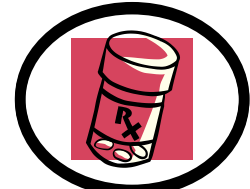
Get rid of junk foods



Eat more fruits and vegetables



Talk with someone



Take my medication everyday



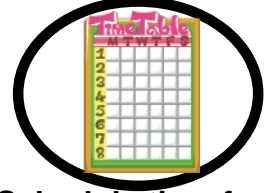
Avoid Alcohol



Be active at least 30 minutes per day



Start a regular sleep pattern



Schedule time for activities you enjoy

One way I want to improve my health is *(e.g. be more active):* _____

My goal for this week is *(e.g. walk 4 times):* _____

When will I do it *(e.g. in the morning):* _____

Where I will do it *(e.g. at the park):* _____

How will I remember to do it *(e.g. write it on calendar):* _____

What might get in the way of the plan *(e.g. bad weather):* _____

What can I do about it *(e.g. find somewhere indoors to be active):* _____

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not										Totally
At all										Confident

Follow-up/progress *(how and when):* _____

Self Management Tools Provided: _____

Education Provided: _____