

Goal Setting for Weight Management

Name: _____

Short-Term Goals

Weight goals: _____ By date: _____

Health goals:

1. _____
2. _____
3. _____

Personal goals: _____

Long-Term Goals

Weight goals: _____ By date: _____

Health goals:

1. _____
2. _____
3. _____

Personal goals: _____

How will I achieve my goal(s):

1. _____
2. _____
3. _____

Date of next visit: _____



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Notes

