



Lifestyle Goal Worksheet

Name: _____

Date: _____

Wellness Vision

Activity and Exercise

My intermediate activity and exercise goals:

A _____
B _____
C _____

How I plan to get there:

To increase my lifestyle activity by _____ minutes per day I will:

To increase my structured activity I will:

_____ minutes _____ times per week
_____ minutes _____ times per week
_____ minutes _____ times per week
_____ minutes _____ times per week

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Counseling support

I plan to meet with my Lifestyle and weight management consultant

_____ individually _____ times per month

_____ group _____ times per month

Anticipated absences:

Other people I can ask for support:

Who? _____ Can help how? _____

Who? _____ Can help how? _____

Who? _____ Can help how? _____

Who? _____ Can help how? _____

Who? _____ Can help how? _____

Additional Goals (sleep, smoking, etc.)

_____ when _____

_____ when _____

_____ when _____

_____ when _____

_____ when _____

_____ when _____

_____ when _____

Potential Obstacles and Solutions

Obstacle	Solution

Lifestyle Goal Worksheet

Evaluation of Goals

We plan to evaluate these goals in _____ weeks on _____

Client

Lifestyle and Weight Management Consultant; Elizabeth Sherman

Attainment of Goals

Goals achieved

Date	Goal

Additional Goals
