












GOAL SETTING FOR WEIGHT LOSS

Name: _____

Your health care team will help you to set goals and develop a lifestyle to reach and maintain a healthy weight.

Please write the goals that you are ready and able to work on.

	<u>DATE</u> <u>Set</u>	<u>HOW</u> <u>Ready</u>	<u>HOW</u> <u>Confident</u>	<u>DATE</u> <u>Met</u>
 Realistic weight goal: _____	_____	_____	_____	_____
 Plate Method: _____	_____	_____	_____	_____
 Breakfast: _____	_____	_____	_____	_____
 2-3 servings low/fat-free milk/day: _____	_____	_____	_____	_____
 Drink water or low calorie drinks: _____	_____	_____	_____	_____
 Eat more non-starchy vegetables: _____	_____	_____	_____	_____
 Eat fruit instead of high sugar foods: _____	_____	_____	_____	_____
 Cut down on added fat: _____	_____	_____	_____	_____
 Very lean meat, poultry and fish: _____	_____	_____	_____	_____
 Eat less starch (white rice, bread, potatoes): _____	_____	_____	_____	_____
 Keep a food diary: _____	_____	_____	_____	_____

ACTIVITY:



Goal: I will _____ on _____ days of the week



Cut Down on TV: _____

READINESS RULER:

Not at all Ready/confident 0 1 2 3 4 5 6 7 8 9 10 Totally ready/confident
 Unsure Somewhat Very