












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

## 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