

Personal Goal Sheet

Overall problem (Out of shape, stressed, overweight, etc.)

What triggers or behaviors lead to this problem? _____

What is your Wellness goal? (Lose 10 pounds, learn and implement how to handle stress with my spouse, quit smoking, etc.)

What steps do I need to take to meet this goal? (Educate myself about how to resolve this issue, exercise, quit drinking pop, etc.)

1. _____

2. _____

3. _____

4. _____

What short-term goals do I need to meet to prevent the behavior or triggers that lead to this problem and/or steps? (Drink water rather than buy pop, schedule an exercise session, buy new workout clothes, walk away from conflict, perform 5 minutes of relaxation breathing, etc.)

1. _____

2. _____

3. _____

4. _____

What steps am I going to take to accomplish these short-term goals?

(Don't go into the break room to buy pop, don't bring change to buy pop, fill a 32-ounce mug with water and drink it at my desk or workstation and take it with me on break, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

List the supports or support system to help me meet this goal: (Post my goals on my mirror and refrigerator, join a support group, enlist a friend to help me, suck on a sour candy while I cook, etc.)

1. _____

2. _____

3. _____

4. _____

How will I react or treat myself if I have a setback or fail on a day? (Don't punish yourself.)

List the steps and plan to maintain this behavior change when you meet your goal.

1. _____

2. _____

3. _____

4. _____

What do I give myself when I meet this goal? (Not food!)
