

# Goal Setting Worksheet

## SMART Goal Plan

I \_\_\_\_\_ and \_\_\_\_\_  
(Name) (Name of clinician)

on this day \_\_\_\_\_ have agreed that to improve my health I will:  
(Date)

### 1. Choose one of the activities below:



\_\_\_ Work on something that's bothering me:



\_\_\_ Stay more physically active



\_\_\_ Take my medications



\_\_\_ Improve my food choices



\_\_\_ Reduce my stress



\_\_\_ Cut down on smoking

### 2. Circle your confidence level:

This is how sure I am that I will be able to do my SMART Goal Plan:



10 Very Sure

5 Somewhat Sure

0 Not Sure at All

### 3. Complete this section below for the chosen activity:

What:

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How much:

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When:

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How Often:

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature of Clinician)