



My Healthy Lifestyle

Self management goal form (18 years and up)

Patient name _____

Date of birth _____

Daytime phone # _____

Address _____

City/State/Zip _____

Today's date _____

Follow up time frame:

Goal setting

1. Choose an activity goal below:



Get more physically active!



I will monitor my portion size and weigh my food.



I will make healthier choices with my meals.



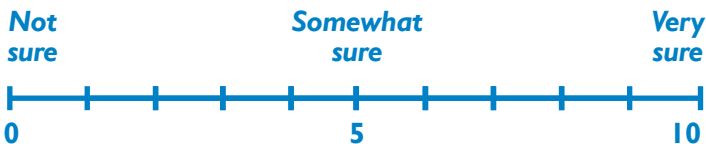
I will eat least 3–5 servings of vegetables and fruit per day.



I will eat healthier snacks.

2. Choose your confidence level:

I think I can succeed at this goal:



Barriers to meeting goals: _____

3. Fill in the following for your chosen goal:

What: _____

When: _____

How much: _____

How often: _____

Clinician signature _____