

## Goal Setting for Healthy Change

### *Why is it so hard to make changes towards a healthier lifestyle?*

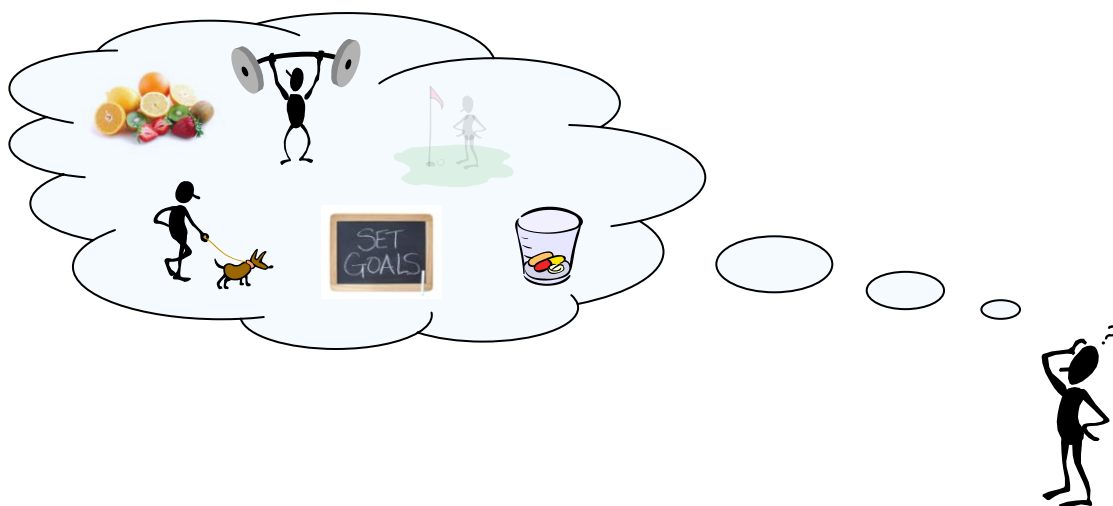
- Most of us have a sense of what we'd like to change in our lives, but no clearly laid out plans about how to accomplish these goals
- Remembering previous experiences of failure makes us less likely to try again
- Lack of faith that we can actually affect the change that we want makes us less willing to try
- We set goals based on what we think we should be changing, not what we actually want to change; if it isn't truly important to us, we won't succeed
- Because life gets in the way and there isn't enough time to do what we said we needed to do!

### *Goal setting tips:*

- Use a log book or journal; putting your goals on paper makes them real
- Keep it visible; post your goals on your fridge or somewhere else that you will be reminded
- Set short term (e.g. one week to one month) and long term (e.g. one to six months) goals, review them often, and modify as needed
- Make a back-up plan when you set your goals, so that you don't give yourself a chance to fail (e.g. If you know you won't walk outside in bad weather, plan to walk on a treadmill on rainy days)

### *Set S.M.A.R.T goals:*

- S – specific** (exactly what do you want to accomplish)  
**M – measurable** (e.g. minutes, frequency, distance)  
**A – action-based** (what are you going to DO?)  
**R – realistic** (if your confidence that you can meet this goal is less than 7/10, set a new goal!)  
**T – timely** (when do you expect to meet your goal? Over a week? A month?)



***Make an Action Plan:***

**1. My goal (the change I want to make) is:**

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**2. The steps I will take are (describe so that someone else could understand):**

**Where** \_\_\_\_\_  
**What** \_\_\_\_\_  
**When** \_\_\_\_\_  
**How much** \_\_\_\_\_  
**How often** \_\_\_\_\_

**3. Barriers (what might get in the way of my plan?):**

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**4. Plans to overcome barriers (how can you handle these barriers when they arise?):**

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**5. Importance (how important is this plan to you, on a 1-10 scale?):** \_\_\_\_\_

**6. Confidence (how confident are you that you can complete the whole plan, on a 1-10 scale?):**

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**7. Support and follow-up (who are you going to talk to about your plan and when are you going to follow up with them to check your progress? Set a date before you start!):**

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