



Goal Setting Worksheet

It is important for your medical team to know how ready you are to make changes to improve your health. The following information can help you and your provider talk about steps you can take to move toward a healthier lifestyle for you and your family.

Ideas for Change
5 —Eat at least 5 servings of fruits and vegetables on most days. Try one new vegetable or fruit Add fruit to my cereal
2 —Reduce screen time to 2 hours or less every day Plan my TV time Take the TV out of my bedroom
1 —Participate in at least 1 hour or more of physical activity every day Take a walk Play my favorite sport or physical activity Wear a pedometer Walk 10,000 steps
0 —Limit soda and sugar sweetened drinks No soda
Other: Familiarize myself with portion sizes Eat two family meals together each week Eat breakfast Eat no fast / junk food Drink skim/non-fat milk rather than whole milk

On a scale of 0 (not ready) to 10 (very ready) how ready are you (please circle appropriate number) to consider making a change? 0---1---2---3---4---5---6---7---8---9---10

I / my child's personal health goal is to:

When I / my child reach goal I / my child will be rewarded by: (ideas might be a special privilege, attend an event, do a special activity)

Patient Signature _____ Clinician Signature _____

Guardian Signature _____ BMI _____ Visit # _____

It may be helpful for someone from our office to call you to check in on your progress.

C The best time to call me (Monday to Friday) is: _____

C The best phone number to reach me at (Monday to Friday) is: _____

I prefer not to be called for follow-up: ← (please check if this choice applies)