

My SMART Lifestyle Goals

USING THE TABLE BELOW, LIST YOUR **SMART** GOALS FOR YOUR TREATMENT PLAN.

Get SMART	GOAL 1	GOAL 2	GOAL 3	GOAL 4	GOAL 5
Specific					
Who					
What					
Where					
When					
Which					
Why					
Measurable					
How much					
How often					
How will I know it's accomplished					
Attainable					
Skills					
Capacity					
Financial					
Realistic					
Willing	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Able	YES or NO	YES or NO	YES or NO	YES or NO	YES or NO
Time bound					
Start date					
Finish date					

Consider your top goal (goal 1) from the list above and answer the following questions:

a. Why is this important to you?

b. How will this benefit you?



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