Goal Setting Form

1. Rank your fitness/health goals

   #1 __________________________________________________________

   #2 __________________________________________________________

   #3 __________________________________________________________

2. How will your goals be achieved? (Consider frequency [list specific days & times], intensity, duration, mode, etc.)

   Goal #1 _______________________________________________________

   Goal #2? _____________________________________________________

   Goal #3? _____________________________________________________

3. Date for re-assessment

4. What, if any, dietary modifications need to be made (keep them achievable and realistic)?

   #1 __________________________________________________________

   #2 __________________________________________________________

   #3 __________________________________________________________

5. What obstacles might interfere with your goal achievement?

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<tr>
<th>Obstacle</th>
<th>Strategy for overcoming obstacle</th>
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