

My Changes, My Way

Specific _____

Measurable _____

Attainable Yes No

Realistic Yes No

Time-based _____



E.g. I will consume 3 servings of vegetables per day by including one additional serving at lunch and another at dinner at least 5 days a week by the end of March.



STRATEGY

What has stopped me from achieving my goal(s) in the past?

What can I do to overcome this?

How will I keep track and remain focused?

How will I reward myself?

MY GOAL :

