



Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_  
(month) (day) (year)

	1	2	3	4	5	6	7
	WAYS I CAN IMPROVE MY HEALTH – WHAT? (Set Your Goal)	HOW MUCH?	HOW OFTEN?	WHEN?	WHERE?	CHECK IN Who? When? How?	RATE YOUR CONFIDENCE (Choose One per Goal)
Goal #1							How Confident Am I That I Can Reach This Goal? <input type="checkbox"/> 0 – Not at all confident <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 – A little confident <input type="checkbox"/> 4 <input type="checkbox"/> 5 – Somewhat confident <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 – Very confident <input type="checkbox"/> 9 <input type="checkbox"/> 10 – Totally confident
Goal #2							How Confident Am I That I Can Reach This Goal? <input type="checkbox"/> 0 – Not at all confident <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 – A little confident <input type="checkbox"/> 4 <input type="checkbox"/> 5 – Somewhat confident <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 – Very confident <input type="checkbox"/> 9 <input type="checkbox"/> 10 – Totally confident
Goal #3							How Confident Am I That I Can Reach This Goal? <input type="checkbox"/> 0 – Not at all confident <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 – A little confident <input type="checkbox"/> 4 <input type="checkbox"/> 5 – Somewhat confident <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 – Very confident <input type="checkbox"/> 9 <input type="checkbox"/> 10 – Totally confident