

# SMART Goal Plan

I \_\_\_\_\_ and \_\_\_\_\_  
 (Name) (Name of clinician)

on this day \_\_\_\_\_ have agreed that to improve my health I will:  
 (Date)

## 1. Choose one of the activities below:

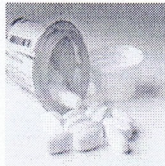


\_\_\_\_ Work on something  
 that's bothering me:

---



\_\_\_\_ Stay more physically active



\_\_\_\_ Take my medications



\_\_\_\_ Improve my food choices



\_\_\_\_ Reduce my stress



\_\_\_\_ Cut down on smoking

## 2. Circle your confidence level:

This is how sure I am that I will  
 be able to do my SMART Goal  
 Plan:



10 Very Sure

5 Somewhat Sure

0 Not Sure at All

## 3. Complete this section below for the chosen activity:

What:

---



---

How much:

---

When:

---

How Often:

---



---

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date of Birth)

\_\_\_\_\_  
 (Signature of Clinician)