**Name: Date:**

**Your 6 Months Goals Table**

|  |
| --- |
| **Weight Loss Goal:**  |
| **Track food:** |
| **Protein Goal:**  |
| **Carbs Goal:**  |
| **Calorie Goal:** |
| **Track Physical Activity:**  |
| **Activity Goal:** |
| **Daily Breakfast:** |
| **Get Enough Sleep:**  |
| **Minimize Unhealthy Food:** |
| **Find healthy food you enjoy** |
| **Manage stress, cope with triggers and cravings, replace harmful thoughts with helpful thoughts, mindful eating, get support, learn how to recover from slips, learn strategies to anticipate and overcome challenges, stay motivated and more!** |

**Name: Date:**

***Weekly Goals:***

***Food:  C*arbs:                Prot:               Water:        Sweet beverages:**

**Vegetables:                                                          Daily breakfast:    /wk**

**Unhealthy food:**

***Physical activity:* Exercise:                                                                    mins      days/w**

**Non-exercise activity:                                              Fitness breaks:**

***Behavior:*   Track food:         meals/d               days/wk**

 **Track PA:             days/wk                     Weigh-in        /wk**

**Sleep:         Food triggers     Cravings       Manage stress     Get Support**

**Stay motivated   Harmful Thoughts   Mindful eating**

**Recover from slips**

**Your actions to reach your goals:**

**Challenges you might face:**

**Ways to cope with these challenges:**

**Goals Reached:**

**Goals not reached/ what got in the way?**

**List new actions to reach the goal or change the goal:**

**Name: Date:**

***Weekly Goals:***

***Food:****C*arbs:                Prot:               Water:        Sweet beverages:

Vegetables:                                                          Daily breakfast:    /wk

Unhealthy food:

***Physical activity:*** Exercise:                                                                    mins      days/w

Non-exercise activity:                                              Fitness breaks:

***Behavior:***Track food:         meals/d               days/wk

 Track PA:             days/wk                     Weigh-in        /wk

Sleep:         Food triggers     Cravings       Manage stress     Get Support

Stay motivated       Harmful Thoughts     Mindful eating    Recover from slips

**Your actions to reach your goals:**

**Challenges you might face:**

**Ways to cope with these challenges:**

**Goals Reached:**

**Goals not reached/ what got in the way?**

**List new actions to reach the goal or change the goal:**

**Name: Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Break** | **Lunch** | **Dinner** | **Snacks** | **Emotions** |
| **M** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **T** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **W** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Th** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Fr** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Sa** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Su** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |

**Name: Date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Break** | **Lunch** | **Dinner** | **Snacks** | **Emotions** |
| **M** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **T** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **W** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Th** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Fr** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Sa** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |
| **Su** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** | **Cb: Pr:** |  |

 **Dr S Weightloss & Wellness BT Goals Table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goals** | **Goal 1** | **Goal 2** | **Goal 3** | **Goal 4** | **Goal 5** |
| **Session 1** |  |  |  |  |  |
| **Session 2** |  |  |  |  |  |
| **Session 3** |  |  |  |  |  |
| **Session 4** |  |  |  |  |  |
| **Session 5** |  |  |  |  |  |
| **Session 6** |  |  |  |  |  |
| **Session 7** |  |  |  |  |  |
| **Session 8** |  |  |  |  |  |
| **Session 9** |  |  |  |  |  |
| **Session 10** |  |  |  |  |  |
| **Session 11** |  |  |  |  |  |
| **Session 12** |  |  |  |  |  |
| **Session 13** |  |  |  |  |  |
| **Session 14** |  |  |  |  |  |

|  |
| --- |
|  Weight Tracker |
|  | Clinic Visit | Home |
| Screening Visit | lbs. | lbs. |
| Week 1 |  |  |
| Week 2 |  |  |
| Week 3 |  |  |
| Week 4 |  |  |
| Week 5 |  |  |
| Week 6 |  |  |
| Week 7 |  |  |
| Week 8 |  |  |
| Week 9 |  |  |
| Week 10 |  |  |
| Week 11 |  |  |
| Week 12 |  |  |
| Week 13 |  |  |
| Week 14 |  |  |
| Week 15 |  |  |
| Week 16 |  |  |
| Week 17 |  |  |
| Week 18 |  |  |
| Week 19 |  |  |
| Week 20 |  |  |
| Week 21 |  |  |
| Week 22 |  |  |
| Week 23 |  |  |
| Week 24 |  |  |
| Week 25 |  |  |
| Week 26 |  |  |