



Living Well Program

Goal Setting Workbook



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



Welcome to the Living Well Program! We look forward to working with you to meet your health goals.

Please review the information in this workbook. Its tools will help you improve your health.

Contact a Living Well Program staff member if you have questions or would like more information about resources. To schedule or cancel appointments, please call 614-688-8971 or stop at the front desk in suite 1473.

For a digital copy of this book, please visit go.osu.edu/pted3358.

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Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

My Health and Wellness Vision Statement

Think about what you'd like your life to be like and what experiences you'd like to have. This will help you create a health and wellness vision statement from which you'll create your health goals.

Envision your "best life"

What would you like your life to be like in a year?

In my vision...

- I have more energy
- I am comfortable in my clothing
- I take less medicines
- I travel comfortably
- I am able to walk up and down stairs easily
- I have less pain
- I sleep better
- I am not limited by my weight
- I am living and not just existing
- I am healthy and able to play with my kids or grandkids
- I enjoy getting my picture taken
- I am better at managing my disease (diabetes, high blood pressure, etc.)
- I no longer emotionally eat

- I am less stressed
- My mood is improved
- I am more active
- I am more hopeful
- My quality of life is better
- _____
- _____

My health and wellness vision statement

In the future I am _____

I want to do this because _____

Refer to this statement when you need a motivation boost. Keep a copy on the fridge, in your gym bag, on your desk, or in your car.

Making Changes that Last

Change happens when you are ready. Before working on your health goals, take time to look at how you will make changes. These changes should be meaningful to you and ones that you can maintain.

Are you ready?

Possible Change	I'm already doing this	I'm ready to make this change	I'm not ready to make this change
Regularly track my health choices such as keep daily food records			
Plan my food choices ahead of time			
Regularly include physical activity in my weekly routine			
Look for new ways to increase my daily activity			
Be proactive in managing my stress levels			
Set weekly health goals			
Make my health a priority in my daily schedule			
Ask for help			

Setting Goals

To make changes that last, set health goals. **Your health goals put your vision into action.** From your health goals, you will create monthly and weekly goals that you'll use as a roadmap to help you achieve your vision.

5 tips for setting goals

1. Make goals that are:

S = Specific: Make a plan that includes where, when and how many times.

M = Measurable: Keep track. Did you complete the plan?

A = Action-based: Find behaviors that you can address. Can you gradually change these behaviors?

R = Realistic: Is this goal something you can complete?

T = Time-lined: Set a deadline and ask is this moving you closer to your long term goal?

2. Write out and keep track of your goals.

Goals motivate your progress. They will help you see patterns and trends. If a goal isn't working, adjust your goal!

3. Your goals have to be YOUR goals.

They reflect your personal hopes and desires, so you will be successful at them.

4. As you make weekly goals, ask yourself "What can I do in the next 5 to 7 days to get me closer to my health goal?".

Make this thinking a habit to help you plan the next steps to reach your goal.

5. Set lifestyle goals as well as weight loss goals.

Focusing too strongly on just weight loss may keep you from long-term success. Healthy habits lead to weight loss.

My health goals

Write up to 3 health goals to help you achieve the vision you created on page 3.

Health goal #1	

Start date:	
Target date to complete:	

Health goal #2	

Start date:	
Target date to complete:	

Weekly Goal Ideas

Personalize these examples to help you set weekly goals.

Behavior

1. I will monitor my physical hunger using the hunger scale where 1 = starving and 10 = Thanksgiving Day stuffed. I will not eat beyond my physical needs.
2. I will not put myself in situations in which I will be tempted to make unhealthy food choices.
3. I will take better care of myself this week by spending 1 hour with someone who is supportive of my weight management efforts.
4. I will say “no” to requests or demands that are unreasonable or unnecessary.
5. I will not engage in negative self-talk, but will compliment myself on my decision to strive for a healthier lifestyle.
6. I will eliminate “shoulds” from my vocabulary this week for myself and for those I care about. There will be no “shoulds” only “want tos” or “preferences.”
7. I will practice progressive muscle relaxation, deep breathing or another stress management technique of my choice for 1 minute daily.
8. I will not allow my body image to prevent me from doing things I would enjoy.
9. I will set aside 2 hours of my week to engage in a pleasurable activity or hobby.
10. I will be assertive with myself for better health management. For example, I will do what I say I am going to do on a daily basis with regards to nutrition and exercise in order to develop personal accountability and self-trust.

Exercise

1. I will use the stairs instead of the elevator.
2. I will walk the dog (or a friend’s dog).
3. I will park the car further out in parking lots.
4. I will perform recreational activities such as tennis, dancing, basketball, hiking, etc.
5. I will perform leisure activities.
6. I will perform 1 to 3 bouts of aerobic activity per week of short duration (10 minutes).
7. I will increase my aerobic activity by 2 to 5 minutes.
8. I will do flexibility exercises before and after activities.
9. I will start strength training, 1 set of 10 repetitions.
10. I will progress strength training to 2 sets of 10 repetitions.
11. I will increase specific strength training exercises from ½ to 1 plate.
12. When traveling, I will check into a hotel with a workout facility or find a local walking trail.
13. I will walk to do errands.
14. I will perform abdominal exercises 3 to 5 times per week.

Nutrition

1. I will increase my water intake by one (8-ounce) glass.
2. I will get in at least 2 fruit servings per day.
3. I will get in at least 3 vegetable servings per day.
4. I will cut the number of times I eat out per week in half.
5. I will visit fast food restaurants less than 2 times per week.
6. I will plan and eat at least 1 meal per day at home.
7. I will keep an ongoing grocery list and shop from it.
8. I will make a list of 5 to 10 low fat snack ideas and have them available.
9. I will pack my lunch.
10. I will identify 3 to 5 non-food rewards.
11. I will not skip meals.
12. I will keep a detailed food journal for at least 4 days.
13. I will substitute 1 to 2 high fat/calorie food choices for lower fat/calorie food choices.
14. I will decrease my soda/coffee intake.
15. I will use measuring cups/spoons to help me understand portion sizes.

My Monthly Goals

Health Goal #1: _____

Create monthly goals for each of your health goals until you reach your target date to complete. Some health goals may take less than 12 months to complete while other goals may take longer. You may work on all of your health goals at the same time or on one goal at a time. If you find that the target date you set was unrealistic, adjust your time frame. Make a plan that is flexible enough to adjust to your needs. Talk to your peers and staff for feedback. Refer to pages 5-6 for help setting SMART goals.

	Month	Monthly Goals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

My Monthly Goals

Health Goal #2: _____

	Month	Monthly Goals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

My Monthly Goals

Health Goal #3: _____

	Month	Monthly Goals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Weekly Goal Sheet

Dates: _____ to _____

Look back at the **health goals** you set on pages 7, 8, and 9 **for the first month** (row 1 from each table). Use the *Weekly Goal Sheets* on pages 10-13 to:

- 1. Break down each of these first month goals into 4 smaller goals** (one for each week of the month).
- 2. Plan how you will meet your weekly goals each day.**

My health goals for week 1:			
	My daily health goals	Did you complete?	Comments
Monday		Yes No	
Tuesday		Yes No	
Wednesday		Yes No	
Thursday		Yes No	
Friday		Yes No	
Saturday		Yes No	
Sunday		Yes No	

Weekly Goal Sheet

Dates: _____ to _____

My health goals for week 2:			
	My daily health goals	Did you complete?	Comments
Monday		Yes No	
Tuesday		Yes No	
Wednesday		Yes No	
Thursday		Yes No	
Friday		Yes No	
Saturday		Yes No	
Sunday		Yes No	

Weekly Goal Sheet

Dates: _____ to _____

My health goals for week 3:			
	My daily health goals	Did you complete?	Comments
Monday		Yes No	
Tuesday		Yes No	
Wednesday		Yes No	
Thursday		Yes No	
Friday		Yes No	
Saturday		Yes No	
Sunday		Yes No	

Weekly Goal Sheet

Dates: _____ to _____

My health goals for week 4:			
	My daily health goals	Did you complete?	Comments
Monday		Yes No	
Tuesday		Yes No	
Wednesday		Yes No	
Thursday		Yes No	
Friday		Yes No	
Saturday		Yes No	
Sunday		Yes No	

Tracking My Progress

There are many ways to measure your progress. Weight is one. Other ways include energy level, how well you are sleeping, how comfortable you feel in your clothes on a scale from 1 to 10, etc. Pick measures that will help you over the next 12 months. **Record their values at the start of each month in the chart below.**

	Month	My weight	Other measure:	Other measure:	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Overcoming Barriers

As you work to bring change into your life, you may encounter barriers. These barriers may be **physical** (access, resources, money), **psychological** (ability to do behavior correctly or consistently, fear, phobia) or **social** (lack of support from family, friends or peers).

It is normal for new barriers to emerge as you work through this program. Create new strategies to meet these challenges. **Talk to Katharine Feister and other staff for support.**

Potential barriers

List some barriers you may have as you implement your goals:

1. _____

2. _____

3. _____

4. _____

5. _____

My strategies

Preparing for barriers will help you meet your goals each week.

For example, if your goal this week is to drink 8 glasses of water each day and your barrier is lack of water at work, your strategy could be to add bottled water to your grocery list. Or if your barrier is forgetting to drink water, your strategy could be to set alarms to remind you.

Look again at the barriers you listed, what strategies will help you overcome them?

1. _____

2. _____

3. _____

4. _____

5. _____

Monthly Review Sheet: Month 1

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 2

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 3

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 4

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 5

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 6

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 7

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 8

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 9

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

My plan

I plan to take these steps to get closer to my health goals:

1. _____

2. _____

3. _____

Notes

	My SMART goals for next month
1	
2	
3	

Monthly Review Sheet: Month 10

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

Monthly Review Sheet: Month 11

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

Monthly Review Sheet: Month 12

Date: _____

My goals last month

	My goals last month	Percent (0-100%) of goal completed	Comments
1			
2			
3			

My weight

I weighed myself and made a record of this number _____ times last month.

My progress

I feel I made progress towards my health goals. Why or why not? _____

My successes

These things went well for me: _____

My challenges

These things I need to work on: _____

Program Summary

Congratulations! You've worked hard the last 12 months to make lifestyle changes. You are now seeing health benefits that you are motivated to maintain. Look back at where you started and make a plan for continued success.

My health and wellness vision statement

from page 3: _____

My health goals

from pages 5-6:

1. _____

2. _____

3. _____

My health outcomes

from page 16

	Start of program	End of program
My weight		
Other measure showing a health change:		
Other measure showing a health change:		

Next steps

To maintain my health goals, I will:

1. _____

2. _____

3. _____

Red flags

I am getting off track if I:

1. _____

2. _____

3. _____

Getting back on track

My plan to get back on track:

1. _____

2. _____

3. _____



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