



MY WEIGHT-LOSS GOALS

Find a weight-loss buddy and improve your odds of success.

About You

Name _____

Stage of Readiness to Change _____

Starting Date _____

Three reasons I want to lose weight:

- 1) _____
- 2) _____
- 3) _____

Two past obstacles I've had in losing weight:

- 1) _____
- 2) _____

Current Status

Weight _____ Body Fat Percent (%) _____

BMI _____ Waist Circumference _____

Exercise mins./day _____ Exercise days/week _____

Sleep _____ hours per night