



**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