



GOALS

Please fill in the specific goal you want to accomplish in your 12 weeks of the Smartest Loser. Please feel free to add any specific goals that you have in categories that are not listed. The goal can be how much you want to lose or where you want to get to in each category.

NAME: _____ Date _____

GOAL amount of Weight Lost:	
GOAL amount of Body Fat Lost:	
GOAL amount of Inches Lost:	
GOAL Clothing Size:	
GOAL in change of Cholesterol:	
GOAL in change of Blood Pressure:	
OTHER:	
OTHER:	

Feel free to write on the back anything more specific that you want to accomplish.