ck THREE components of health that you would like to focus on based on <i>Activity 1: "Your Wellness Wheel"</i> and write them into the first olumn (Physical, Social, Mental, Spiritual, Occupational, Intellectual, Environmental). nen, come up with a goal for the three components of health you chose filling in the SMART columns below. GOAL SPECIFIC MEASUREABLE ADJUSTABLE RELEVANT & TIME PAGED							
	Who? What? Why? Where? When?	How much? How often? How many?	& ATTAINABLE How are you going to do it? Can you make changes to it?	REALISTIC Can it be done? Why should it be done?	TIME-BASED When must it be done? Time period?		
HEALTH COMPONENT #1 (your pickex: Physical)							
HEALTH COMPONENT #2 (your pick)							
HEALTH COMPONENT #3 (your pick)							

Health Period:_____ Date:____

Name:___

Name:	Health Period:	Date:		
ACTIVITY 3: Focus & Refinement: Choose ONE health goal that you want to FOCUS on	and complete the steps !	below.		
STEP 1: Get clear on the goal.	·			
Reason I am choosing to focus on this health behavior:				
My knowledge about this behavior and how it affects health:				
My knowledge about this behavior and how it affects health:				

STEP 2: Write it down! Refine your goal statement here. Make sure it is S.M.A.R.T. based off of the goal chart on the previous page. See the example below of one poor SMART goal and one good SMART goal.

Example: Comparing a SMART Goal with a Not-So-SMART Goal

	I will cut down on the number of energy drinks I consume.	I will drink a total of 3 energy drinks over the course of 7 days for the next 6 weeks.
Specific?	No – How many energy drinks? How often?	Yes – Only 3 energy drinks per week are allowed.
Measurable?	No – What does <i>cut down</i> mean? Less than what? How many?	Yes – You can measure if more than 3 energy drinks are consumed.
Adjustable?	Yes	Yes
Attainable?		
Realistic?	Yes (but keep in mind that determining the extent to which the goal	Yes (but keep in mind that determining the extent to which the goal is realistic is up
Relevant?	is realistic is up to the individual student).	to the individual student).
Time-Based?	No – For how long? When will this start? Over what time period?	Yes – 7 days over the next 6 weeks

Write your **S.M.A.R.T.** goal here:

ou if you are making progress in your goals? Ho
OPTIONAL – Track your progress Place a tally or check mark each time you perform your action step (you will do this on your own)

Action Step 5

Name:	Health P	eriod:	Date:
STEP 4: BARRIERS & SOLUTIONS			
As you are working on your goal, you may experience barriers that may kee some solutions might be so you can continue with your goal and overcome and solutions.			
Barrier 1:			
Possible Solution:			
Barrier 2:			
Possible Solution:			
Barrier 3:			
Possible Solution:			

STEP 5: Self-Reflection (To be done at the end of the semester)