

Name:
Last 4:
Date:

SMART Goal-Setting

Elements of a “SMART” goal

- **Specific** – Identify a very specific *behavior* to change.
- **Measurable** – Set a goal in way that you can track your progress
- **Attainable** – Set a goal that you can realistically meet right now
- **Relevant** – Make sure the goal is important to you and what you value
- **Time-framed** – Set a goal that has a specific time frame to be completed, ideally something you can achieve this week!

Things to decide when setting your goal

- What is the **specific** behavior you will engage in? This is something you have control over and can start to do right now. For example, “Go running” is more specific than “Getting in shape.”
- How often you will do it? How many times per day, week, or month?
- When you will do it? What days and times of day?
- How much you will do it? For what amount of time, distance, etc.?
- Where you will do it?
- With whom you will do it (if relevant to your goal)?
- Why doing this matters to you?
- Possible barriers (what might get in the way?), and how will you overcome them?

**If you're having trouble answering these questions, your goal is likely not specific enough or is not focused on a behavior. Go back and make your goal as specific as possible and make sure it is focused on a behavior that you have direct control over.*

Approved by the NMVAHCS Veteran Health Education Committee 18-09

VA



**U.S. Department
of Veterans Affairs**

New Mexico VA
Health Care System

Selecting a Focus

To improve my health or quality of life, the area of diabetes care I choose to work on is (choose only ONE area):

- | | |
|--|--|
| <input type="checkbox"/> Diet | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Blood Sugar Testing |
| <input type="checkbox"/> Stress | |

Develop a plan for success!

- Specific behavior: _____
- How much / how often: _____
- When: _____
- Where: _____
- With whom: _____
- Why does this matter to you? _____

- Barriers (examples: "no time!" "don't feel like it!"):
 1. _____
 2. _____
 3. _____
- How you will overcome these barriers:
 1. _____
 2. _____
 3. _____

My Personal Success Strategies:

To be more successful in achieving my goal I will:

- | | |
|--|--|
| <input type="checkbox"/> Track my progress | <input type="checkbox"/> Remind myself of why this goal is important to me |
| <input type="checkbox"/> Share my goals with important people in my life | <input type="checkbox"/> Reward myself for success |
| <input type="checkbox"/> Set reminders to complete goal | <input type="checkbox"/> Other _____ |