

Planning Worksheet

Name: _____ Date: _____

Long Term Goals:

Short Term Goals:

Month 1 _____

Month 2 _____

Month 3 _____

Month 4 _____

Month 5 _____

Month 6 _____

Month 7 _____

Month 8 _____

Month 9 _____

Month 10 _____

Month 11 _____

Month 12 _____

Goal Rewards:

Month 1 _____

Month 2 _____

Month 3 _____

Month 4 _____

Month 5 _____

Month 6 _____

Month 7 _____

Month 8 _____

Month 9 _____

Month 10 _____

Month 11 _____

Month 12 _____

Health Data Results:

Issues Found From Blood & Urine Test:

Doctor Recommendations:

Height: _____ Weight: _____ Age: _____

Body Fat: _____% Lean Body Mass _____lbs

Basal Metabolic Rate (BMR) _____calories

BMR - _____ = _____calories (ideal for starting weightloss)
If 225lbs or less, subtract 200. If 226lbs or more, subtract 300.

Waist to Hip Ratio _____ Risk: low average high very-high
(circle one)

Body Mass Index _____